OMB 0990-0115

PART I - THE SCHEDULE
SECTION A - SOLICITATION FORM

Request for Proposal
No. AHRQ-04-0016
Date Issued: June 14, 2004
Date Questions Due: July 1 , 2004
Date Proposals Due: July 29, 2004
Time Due: 12 noon local time

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-04-0016, entitled "Health Information Technology Resource Center (HITRC)." Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP. A single award is anticipated.

The Government anticipates awarding one contract from this solicitation on a Full and Open basis. For this acquisition, the AHRQ recommended goal (as a percentage of total planned subcontract dollars for the base period) is 30% for Small Businesses, which shall include at least 11% (as a percentage of total contract value for the base period) for Small Disadvantaged Businesses, at least 5% (as a percentage of total planned subcontract dollars for the base period) for Women-Owned Small Businesses, and at least 3% (as a percentage of total planned subcontract dollars for the base period) for HUBZone Small Businesses and at least 3% (as a percentage of total planned subcontract dollars for the base period) for Veteran-Owned Small Businesses. These goals represent AHRQ's expectation of the minimum level for subcontracting. The North American Industry Classification System (NAICS) code that best describes this requirement is 541611. The small business size standard is $6 million.

A cost-plus-fixed-fee, incrementally funded service contract is contemplated for a two year period of performance, with three one-year options. You are expected to respond with technical and pricing proposals for the entire period of performance. Proposals will be evaluated by adding the option periods to the base period.

SPECIAL ELIGIBILITY NOTICE: Principal Investigators of grants awarded under the RFAs listed below are ineligible to participate as part of a Health Information Technology Resource Center (HITRC) proposal or contract:

RFA HS-04-012 Demonstrating the Value of Health Information Technology

RFA HS-04-011 Transforming Healthcare Quality through Information Technology (THQIT) – Implementation Grants

RFA HS-04-0010 Transforming Healthcare Quality through Information Technology (THQIT) – Planning Grants

Organizations and agencies (including their subcontractors) being awarded grant(s) under the above listed RFAs may be a prime or subcontractor on a HITRC proposal or contract.

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 5 to this solicitation) and send it to the Contracting Officer no later than July 1, 2004. You may send it to the address below or fax it to 301-427-1740.

It is your responsibility to monitor the web site where the RFP will be posted to learn about any amendments to the solicitation. The RFP and any amendments will be posted on two web sites. One is the Federal Business Opportunities web site: www.fedbizopps.gov and the other is AHRQ's web site: www.ahrq.gov.

Offerors shall submit the following:

A. Technical Proposal (See Section L.8) **Original and 12 copies**
B. Past Performance Information (See Section L.9) **Original and 3 copies**
C. Small Disadvantaged Business Participation Plan (See Section L.10) **Original and 4 copies**
D. Business Proposal (See Section L.11) **Original and 4 copies.** The Small Business Subcontracting Plan should be submitted as a separate section of the Business Proposal. (This does not apply to small business concerns)

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. Please note that prospective contractors must be registered in the Central Contractor Registration database prior to award of contract. (See FAR 4-11 for further details).

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.8 OF THE SOLICITATION.

Questions regarding this solicitation shall be received in this office no later than July 1, 2004 (See Section L.6). Your questions should be submitted to the attention of Sharon Williams, Contracting Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850 and the envelope should be marked "Proposal Questions RFP No. AHRQ-04-0016**." 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 **July 29, 2004**. 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.

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

Sincerely,

Sharon Williams
Contracting Officer, Contracts Management
Agency for Healthcare Research & Quality

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SECTION B-SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

"Health Information Technology Resource Center (HITRC)." See Section C for a complete description.

B.2. ESTIMATED COST

Note: The Government estimates the cost of this procurement at approximately $18,600,000, inclusive of fees, for the base period and all option periods.

a. The estimated cost (exclusive of fees) for performance of the work under this two (2) year contract, including direct and indirect costs is $ (TO BE NEGOTIATED)

b. The fixed fee for this contract is $ (TO BE NEGOTIATED). The fixed fee shall be paid in installments based on the percentage of completion of work, as determined by the Contracting Officer. Payment shall be subject to the withholding provisions of the Clause ALLOWABLE COST AND PAYMENT and FIXED FEE incorporated herein.

c. The Government's maximum obligation, represented by the sum of the estimated cost plus the fixed fee for the contract period is as follows:

(TO BE NEGOTIATED)

Period of Performance	Estimated Cost	Fixed Fee	Total Estimated Cost Plus Fee
Year 1 09/30/04 – 09/29/05			
Year 2 09/30/05 – 09/29/06			
TOTAL			

d. Total funds currently available for payment and allotted to this contract are $(TO BE NEGOTIATED) of which $ (TO BE NEGOTIATED) represents the estimated cost, and of which $(TO BE NEGOTIATED) represents the fixed fee.

e. It is estimated that the amount currently allotted will cover performance of the contract through (TO BE NEGOTIATED)

g. The Contracting Officer may allot additional funds to the contract without the concurrence of the Contractor. For further provisions on funding, see the LIMITATION OF COST/LIMITATION OF FUNDS and the ALLOWABLE COST AND PAYMENT (AND FIXED FEE) clauses incorporated herein.

B.3 OPTION PERIODS

In the event that the option period is exercised, the total estimated cost, fixed fee and award fee will be increased by the following amounts:

(TO BE NEGOTIATED)

Period of Performance	Estimated Cost	Fixed Fee	Total Estimated Cost Plus Fixed Fee
Option One 09/30/06 – 09/29/07			
Option Two 09/30/07 – 09/29/08			
Option Three 09/30/08 – 09/29/09			
TOTAL			

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 $500/day; and

(11) Information Technology hardware or software.

b. This contract is subject to the provisions of Public Law (P.L.) 99-234 which amends the Office of Federal Procurement Policy Act to provide that contractor costs for travel, including lodging, other subsistence, and incidental expenses, shall be allowable only to the extent that they do not exceed the amount allowed for Federal employees.

The Contractor, therefore, shall invoice and be reimbursed for all travel costs in accordance with Federal Acquisition Regulations (FAR) 31.205-46.

SECTION C/ STATEMENT OF WORK

SECTION C

DESCRIPTION/SPECIFICATION/WORK STATEMENT

Health Information Technology Resource Center (HITRC)

A. Introduction

Independently, and not as an agent of the Government, the Offeror shall furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government as needed to perform the Statement of Work (SOW) as described in the following sections.

The Agency for Healthcare Research and Quality (AHRQ) intends to award one contract to an entity which shall be designated as the Health Information Technology Resource Center (HITRC) contractor.

B. Purpose

The HITRC contractor shall be responsible for establishing, staffing and operating the HITRC. The HITRC's purpose shall be to manage, support, coordinate and implement, as directed by AHRQ, the functions described in paragraphs B.1 through B.9, and the more detailed tasks described in Section D (Specific Requirements).

The HITRC's primary functions shall be: (1) to provide support and technical services and operate a service center to assist the Health Information Technology (HIT) patient safety grantees and other HIT project initiatives; and (2) to provide project and logistics support services to assist AHRQ in managing and operating the HIT program.

For contract resource estimation purposes, AHRQ anticipates that the HITRC will need 85%-90% or more of its resources to perform its primary functions, described in paragraphs B.1 through B.7, and 10%-15% or less of its resources to perform the functions described in Paragraphs B.8 and B.9.

The HITRC functions are:

B.1. The HITRC shall be responsible for providing support and technical services to grantees of AHRQ's three Health Information Technology (HIT) patient safety Request for Applications (RFAs) released in FY04. A summary of, and references for these RFAs are in Section C.4 (Background Information / AHRQ HIT Initiatives).

Also, the HITRC shall be responsible for providing expert support and technical services for HIT grant and other HIT project initiatives directed, funded or sponsored by AHRQ and/or other government agencies, entities, and organizations collaborating with AHRQ during the contract period, e.g. the Health Resources and Services Administration (HRSA), the National Library of Medicine (NLM), the Indian Health Service (IHS), the Centers for Medicare and Medicaid Services (CMS), and the Veterans Affairs (VA).

In addition, the HITRC shall support and collaborate with 5 States and their agents, to be each awarded 5 year AHRQ contracts by end of FY 04, to demonstrate statewide and regional health data sharing, exchange, and interoperability.

The types of support services to be provided by the HITRC shall include, but not be limited to the following: (see Section C, Part D, Tasks 3-7, 9-10, and 15 for details)

a. Evaluating requirements for and providing technical assistance (e.g. project design, instruments, data collection, strategy, tools, IT, and other assistance) to HIT grantees and other HIT project initiatives. (see Section C, Part D, Task 7 for details of possible technical assistance to be provided)

b. Coordinating the activities of grantees across the three HIT RFAs and other HIT project initiatives, and facilitating communication and sharing of ideas and knowledge transfer among these HIT efforts;

c. Serving as a collector and repository for best practice assimilation and diffusion;

d. Helping develop, synthesize, maintain and export executable knowledge for clinicians and patients;

e. Offering expert HIT support for providers and communities;

f. Conducting and sponsoring educational activities;

g. Developing and disseminating tools (created from the AHRQ HIT grants and projects, or already available from the field and proven successful) to help other providers and organizations utilize HIT to improve patient safety and quality of care in their communities;

h. Reporting to AHRQ the range of issues raised by the HIT grantees and projects and lessons learned from their requests for support with their HIT implementations;

i. Serving as a central link between AHRQ and the HIT grantees and other HIT project initiatives;

k. Developing and maintaining an HIT information and knowledge management repository, extranet website, and other information sharing and knowledge transfer tools and capabilities to support HITRC functions and users needs.

j. Identifying the availability of expertise and research tools that could assist grantees in planning, implementing and determining the value of their HIT activities.

B.2. The HITRC shall be responsible for organizing and supporting a HITRC Steering Committee, providing HITRC program planning and management services, and preparing and submitting to AHRQ monthly program management reports and a final report. (see Section C, Part D, Tasks 1, 2, 11 and 17 for details)

B.3. The HITRC shall be responsible for assisting AHRQ in planning and logistics for and providing periodic conferences that will involve representatives of the AHRQ HIT patient safety RFA grantees and other HIT project initiatives sponsored by AHRQ and other agencies and organizations collaborating with AHRQ. (see Section C, Part D, Task 13 for details)

B.4. The HITRC shall be responsible for performing project review and monitoring functions, and providing information to support the role of the project officers from AHRQ, and other government agencies collaborating with AHRQ, in monitoring the progress of the HIT patient safety grants and other HIT project initiatives. (see Section C, Part D, Task 8 for details)

B.5. The HITRC shall be responsible for disseminating information on HIT project activities, planning, implementations and results among the HIT patient safety grantees and other HIT project initiatives, and supporting the development of monographs, papers, and resource materials by AHRQ's Office of Communications and Knowledge Transfer (OCKT), and working with the OCKT knowledge transfer contractors. (see Section C, Part D, Task 14 for details)

B.6. The HITRC shall be responsible for designing, implementing and conducting, in collaboration with AHRQ, evaluative strategies to support institutional reporting requirements (e.g., Government Performance and Results Act [GPRA] measures) and an assessment of the impact of institutional investments in the HIT patient safety and other HIT project initiatives. (see Section C, Part D, Task 16 for details)

B.7. The HITRC shall be responsible for coordinating information resulting from the HIT patient safety related projects with other patient safety programs within AHRQ. (see Section C, Part D, Task 12 for details)

B.8. The HITRC shall be responsible for supporting the HIT Electronic Health Record (EHR) collaborative efforts among the federally supported Health Centers (HC) and IHS sites that are funded through partnership agreements among HRSA, IHS, AHRQ, and others. The primary purpose of this support shall be to promote collaboration, information sharing, lessons learned and two-way knowledge transfer between the AHRQ HIT grantees and projects and the IHS and HC EHR implementation efforts. (see Section C, Part D Task 18 for details)

B.9. The HITRC shall be responsible for providing AHRQ with recommendations, concepts, workgroup collaborations, expert meetings, demonstrations, evaluations, pilot tests, implementation solutions and / or new visionary approaches to transform health care through information technology, to improve health services research, to accelerate the translation of research into practice and policy, to support the development and use of Health IT standards, to support the development and use of local community-based and national information infrastructures, and to operationalize HIT solutions in different health settings. (see Section C, Part D, Tasks 19, 20 and 21 for details)

The HITRC contractor should be aware that AHRQ may need to add tasks and funding in FY-05 and future contract years to facilitate HHS-wide efforts to accelerate the diffusion of HIT and the establishment of community and Local Health Information Infrastructures (LHIIs). While on the path to creating a National Health Information Infrastructure (NHII), to facilitate the rapid and effective transfer of patient information, several local areas have begun to share information across multi-organizational groups in their geographic area. Health care providers and organizations have long wished to have access to the needed information about a patient for more effective diagnosis and treatment regardless of where the information was created or where it resides. With the development and operation of local and regional networks which can communicate nationwide, physicians treating their patients would have access to information about all other care their patients have received. The LHII objective is to have these local networks communicate securely with one another in a dispersed national network of local community and regional systems. HHS may rename the LHII term, as the NHII / LHII infrastructure concept, and Federal role in transforming healthcare through information technology, evolves over time.

Also, the HITRC contractor should be aware that AHRQ may need to add tasks and funding in future years to provide other public and private organizations, entities and projects (not specified in Section B.1) with HIT technical assistance, expert opinion, executable knowledge, collaboration tools, knowledge engineering, and diffusion of HIT expert knowledge and best practices.

AHRQ will obtain services to be performed under this contract through an established set of core tasks defined in Section C, Part D. AHRQ may assign additional tasks and funding in the event of any unanticipated HIT programmatic need.

C. Background Information

C.1. AHRQ Background

AHRQ was established in 1989 as the Agency for Health Care Policy and Research. Its reauthorizing legislation (42 U.S.C. 299 et seq; "Healthcare Research and Quality Act of 1999") renamed the Agency as the Agency for Healthcare Research and Quality (AHRQ) and established it as the lead Federal agency for enhancing the quality, appropriateness, and effectiveness of health services and access to such services. To achieve these goals, the Agency conducts and supports a broad base of scientific research and promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions.

C.2. HIT Needs and Recommendations

In the Institute of Medicine (IOM) report, Crossing the Quality Chasm (Institute of Medicine 2001), the members of the Institute, among other things, recommend: "Congress, the executive branch, leaders of health care organizations, public and private sector purchasers, and health informatics associations and vendors should make a renewed national commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education. This commitment should lead to the elimination of most handwritten clinical data by the end of the decade." In particular, HIT was identified as a critical environmental force that could significantly improve healthcare quality.

Further the IOM, the National Committee on Vital and Health Statistics, and the President's Information Technology Advisory Committee have also recommended the development of a NHII to assist other efforts in improving safety, reducing cost and enhancing the quality of healthcare.

In July 2003, AHRQ convened a diverse group of approximately 50 experts who helped the Agency to identify gaps in knowledge relating to the use of HIT and provided recommendations on important thematic areas for AHRQ's HIT initiatives in FY 2004. Among the panel's many recommendations were the need for more research on the impact of HIT on important health-related outcomes; more research on HIT in diverse healthcare settings; the need to support local and regional HIT collaborative projects that would lead to standards-based data sharing across healthcare delivery sites; the need to demonstrate the value of HIT in improving patient safety and quality of care, including direct/indirect and tangible/intangible benefits; the need to study incentives and disincentives to the adoption and use of HIT; the need for technical assistance to providers, organizations, and communities in order to implement HIT successfully in their environment; and the need to develop and disseminate evidence-based, executable knowledge content and decision-support tools to support clinical decision-

making. The panel also encouraged collaboration between AHRQ and other federal agencies, such as the Office for Rural Health Policy (OHRP) and the Office for the Advancement of Telehealth at the HRSA and the CMS, to leverage the resources, expertise, and experiences of these diverse federal agencies and increase the program's success. Finally, the panel stressed the need for developing collaborative partnerships and HIT programs that are viable and sustainable. A summary of the proceedings is available on the AHRQ website at http://www.ahrq.gov/data/hitmeet.htm.

The complexity of modern medicine has increased tremendously as a result of the explosion in biomedical knowledge, rapid growth of pharmaceuticals, medical technology, and genetics. This complexity increases time constraints placed on health care providers, and adds mounting pressures to contain costs. When coupled with poorly designed healthcare delivery systems, this complexity has made it difficult for clinicians to provide safe, high-quality care on a consistent basis and has resulted in a healthcare system plagued by medical errors, inappropriate practice variation, and suboptimal care. For example, in a recent RAND study [1], investigators found that only 55% of participants in a large random sample of the U.S. population received recommended care and led the authors to conclude, "The deficits we have identified in adherence to recommended processes for basic care pose serious threats to the health of the American public."

Similarly, in 1998 the Committee on the Quality of Health Care in America, established within the IOM, was charged with identifying strategies for achieving substantial improvement in the quality of health care in America. The committee's first report, To Err is Human: Building a Safer Health System, was released in November 1999 and focused on issues relating to patient safety [2]. The study estimated that 44,000 to 98,000 people die in U.S. hospitals each year as a result of medical errors.

In March 2001, the Committee released a follow-up report, Crossing the Quality Chasm: A New Health System for the 21st Century, which addressed a broader range of quality issues and provided a strategic direction for redesigning the healthcare delivery system [3]. It reported that the U.S. healthcare system is plagued by serious quality problems resulting from an outmoded and inadequate delivery system, which is incapable of providing high-quality care to its population in a consistent manner. The Committee went so far as to state, "In its current form, habits, and environment, American healthcare is incapable of providing the public with the quality healthcare it expects and deserves." In particular, HIT was identified as one of the four critical forces that could significantly improve healthcare quality. The Committee specifically said, "There must be a renewed national commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education." In particular, HIT was identified as a critical environmental force that could significantly improve healthcare quality.

C.3. HIT Initiatives and Challenges

For over the past 30 years, AHRQ-funded and other research has demonstrated that HIT can improve patient safety and quality of care. In recent years attention has increasingly turned to the role of information and communication technology as a means to improve clinical decision-making, patient safety, and overall quality of care. For example, at LDS Hospital in Salt Lake City, a computerized physician order entry (CPOE) system with decision support reduced the incidence of adverse drug events related to antibiotic administration by 75% [4]. It also significantly reduced orders for drugs for which patients' records reported allergies and adverse effects that were caused by antibiotics [5]. At the Regenstrief Institute for Health Care in Indianapolis, researchers demonstrated that automated computerized reminders increased orders for recommended interventions from 22% to 46% [6]. At the Brigham and Women's Hospital in Boston, use of a CPOE system with decision support led to increased use of appropriate medications for high-risk clinical situations, such as an increase in the use of subcutaneous heparin to prevent venous thromboembolism, from 24% to 47%. Medication errors were also reduced by 19% to 84% [7]. A 1998 systematic review of the literature that assessed the effects of 68 computer-based clinical decision support systems demonstrated a beneficial, though variable impact on physician performance in 43/65 studies (66%) and a beneficial effect on patient outcomes in 6/14 studies (43%) [8].

Despite these successes, penetration of HIT has grown at a disappointingly low rate, especially in the non-inpatient clinical setting. Although accurate data are not available, it is estimated that less than 10% of facilities across the United States have comprehensive HIT systems in place and use them regularly to provide clinical care.

Healthcare organizations, providers and organizations face many challenges in adopting HIT, including the lack of financial incentives for HIT investment, a reimbursement system that does not reward improved outcomes and safe high-quality care, multiple competing priorities, effects on clinical workflow, medical or organizational traditions and other cultural barriers, lack of effective leadership, and lack of HIT standards and interoperable systems. To successfully implement HIT, organizations will have to address most of these barriers. Other barriers, such as the lack of standards or the lack of reimbursement for HIT infrastructure, may be beyond the immediate control of the organization or community, but these may change over time as a result of ongoing efforts such as the federal initiatives to develop/adopt national standards for the exchange of health information, research and demonstration projects on the effects of financial incentives and additional research that demonstrates the beneficial effects of HIT at the provider, organizational, and community levels on patient safety and quality of care.

C.4. Current AHRQ HIT Initiatives

As part of the Agency's FY 2004 patient safety activities, AHRQ is investing up to $50 million to demonstrate HIT's role in patient safety and quality of care in a portfolio of

grants, contracts and other activities. Of this amount, approximately $26 million is earmarked for planning and implementing effective technologies in rural and small hospitals, where HIT penetration has been low. The remaining $24 million is targeted for planning, implementation and evaluation of new and innovative technologies in communities and other settings to improve patient safety and quality of care in diverse healthcare settings

The AHRQ HIT initiatives include a series of three solicitations issued in FY '04. The solicitations form an integrated set of activities designed to explore strategies for successful planning and implementation of HIT solutions in communities and to demonstrate the value of HIT in patient safety and both quality and costs of care. The FY '04 HIT initiative will place particular emphasis on the challenges facing rural and small communities in integrating HIT into their healthcare delivery systems.

The three AHRQ HIT Patient Safety RFAs released as part of the AHRQ HIT program initiative are:

(1). Transforming Healthcare Quality through Information Technology (THQIT) Planning Grants RFA-HS-04-010 - planning grants to provide organizations and communities with the resources needed to develop their capacity to compete for AHRQ (and other funding agencies) implementation grants and further develop their HIT capabilities for improving patient safety and quality of care. Planning grants will enable these entities to begin planning and developing their HIT infrastructure and data sharing capacity among clinical provider organizations in their communities. Applicants may use these funds for planning development of important infrastructure components including, but not limited to, computer networks, hardware, software, personnel, project management, and quality improvement and research capacity.

These planning grants will be awarded using the P20 grant mechanism. Each planning grant must be completed within a 12 month period. The cost of each planning grant must not exceed $200K. AHRQ expects to award up to 35 planning grants for a total of approximately $7 million. Up to $5 million of this funding is reserved for rural and small community projects. Up to 20% of the AHRQ funds may be used for purchasing hardware and software. The following types of non-profit domestic institutions are eligible to submit applications: Public and private organizations, Units of State and local government, Tribes and Tribal governments and Faith-based organizations. For-profit organizations can participate as members of consortia or as subcontractors. The anticipated award date for these grants is September 2004. More information on this RFA is posted at:: http://www.ahrq.gov/fund/grantix.htm and http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-04-010.html

(2). Transforming Healthcare Quality Through Information Technology (THQIT) Implementation Grants RFA-HS-04-011 - a series of implementation grants to evaluate the effects of HIT on improving patient safety and both quality and cost

of healthcare. The objective of this RFA is to support organizational and community-wide implementation and diffusion of HIT information exchange and sharing, and to assess the extent to which HIT contributes to measurable and sustainable improvements in patient safety and both quality and costs of care. Research resulting from this RFA should inform AHRQ, providers, patients, payers, policy makers, and the public about how community-wide HIT can be successfully implemented in diverse health care settings and lead to safer and better health for all Americans.

These implementation grants will be awarded as U01 Cooperative Agreements for a period not to exceed 3 years. AHRQ will fund a maximum of $500K per year per grant. Each grantee must share a minimum of 50% of the total grant costs. The total cost for each implementation grant over a three year project period may be up to $3 million (or more, if the grantee shares more than 50% of the total grant costs). AHRQ anticipates awarding approximately 48 implementation grants for a total AHRQ cost in FY-04 of $24 million. Up to $14 million of AHRQ's $24 million is reserved for rural and small community projects. Up to 20% of the AHRQ funds in any one year may be used for purchasing hardware and software. The following types of domestic institutions are eligible to submit applications: For-profit and non-profit organizations (public and private), Units of State and local governments, Tribes and Tribal governments and Faith-based organizations. The anticipated award date for these grants is September 2004. More information on this RFA is posted at:: http://www.ahrq.gov/fund/grantix.htm and http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-04-011.html

(3). Demonstrating the Value of Health Information Technology Grants RFA-HS-04-012 - This RFA will focus on the value derived from the adoption and utilization of HIT to improve patient safety and quality of care. This RFA will solicit proposals to elucidate and quantify the value of HIT to providers, patients, purchasers, payers, policymakers, and other important stakeholders. Research resulting from this RFA should provide important information on the direct and indirect costs and benefits of HIT and inform decision makers about facilitators and barriers to HIT adoption, including various forms of incentives and disincentives.

The "Demonstrating HIT Value" grants will be awarded as R01 grants. Each grant will be awarded for a period not to exceed 3 years. AHRQ will fund a maximum of $500K per year per grant. The total cost for each "Demonstrating HIT Value" grant for the three year project period will not exceed $1.5 million. Cost sharing is not required. AHRQ anticipates awarding approximately 20 "Demonstrating HIT Value" grants in FY-04 for a total AHRQ cost in FY-04 of $10 million. The anticipated award date for these grants is September 2004. More information on this RFA is posted at:: http://www.ahrq.gov/fund/grantix.htm and http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-04-012.html

On April 13, 2004, AHRQ released the "State and Regional Demonstrations in HIT" Solicitation No. AHRQ-04-0015. The objective of this AHRQ initiative is to identify and support statewide data sharing and interoperability activities aimed at improving the quality, safety, efficiency and effectiveness of health care for patients and populations on a discrete state or regional level. AHRQ expects that measurable improvements in the quality, safety, efficiency and/ or effectiveness of care shall result from the proposed data sharing and interoperability measures. Contractors awarded from this Request for Proposals (RFP) shall be either a State government or a duly appointed agent of a State government. Up to five contracts, each for 5 years may be awarded. The proposal due date announced in the RFP is June 15, 2004. Additional information on this RFP can be found at http://www.ahrq.gov/fund/rfp040015.htm . The HITRC shall be required to coordinate and collaborate with and provide support to awardees of these "State and Regional Demonstrations in HIT" contracts.

As a national leader in supporting informatics initiatives, the NLM will collaborate with AHRQ on funding the 3 HIT patient safety grant initiatives described above. NLM provides grant support to health-related institutions and organizations for projects to plan, design, test and deploy systems and techniques for integrating data, information and knowledge resources into a comprehensive networked information management system. NLM supports these organizations in their efforts to build Integrated Advanced Information Management Systems (IAIMS). NLM may choose to co-fund some of the AHRQ patient safety HIT grant proposals submitted for the three RFAs above, or may choose to wholly fund some of the grant proposals, especially those that are of particular interest to them. The numbers of additional HIT patient safety grants that may result from NLM co-funding or wholly-funding is unknown at this time. The actual number may range from just a few to as many as 50 or more per year, depending on NLM's available funding and interest in these grant proposals.

Also, AHRQ anticipates that the HITRC may be required to support some of the HIT grants funded by HRSA's Office of Rural Health Policy (ORHP), the Bureau of Primary Health Care (BPHC) and possibly other HRSA offices.

C.5. National Health Information Technology Objectives and Coordination Efforts

On April 27, 2004, President Bush issued an executive order to establish a new National Health Information Technology Coordinator position within HHS Office of the Secretary, to coordinate the nation's health information technology efforts, including the development of standards and infrastructure to allow more effective use of information technology to promote higher quality care and reduce health care costs, and programs to encourage the private sector to adopt interoperable electronic health records. This position also will work closely with the other components of HHS that are responsible for medical privacy and security regulations

to ensure these efforts continue to secure and protect individually identifiable health information, and to prepare recommendations on methods to assure that the interoperable health information technology appropriately addresses privacy and security issues, such as appropriate authorization, authentication and encryption of data that is being transmitted over the Internet.

HHS and the AHRQ HIT research agenda and HIT project initiatives are focused on determining how to harness information technology to improve patient safety and to allow quick, reliable and secure access to information that promotes the best possible care across the health care system. Modern information technology offers unprecedented opportunities to improve health care for Americans, promising better quality at a lower cost. A key part of this broad effort is developing a NHII and LHIIs to allow a doctor or other health care provider to access an always-up-to-date electronic health record for a patient who has authorized it, regardless of when and where the patient receives care. This would not be a national database, but rather a set of standards and secure networks that would allow a doctor or hospital to immediately gather relevant information by computer network -- such as test results, x-rays and medical history as well as clinical guidelines, drug labeling and current research findings -- to best treat an individual patient.

To facilitate the rapid and effective transfer of patient information, as discussed above in Section B, LHIIs would be implemented in local areas to share information across multi-organizational groups in their geographic area, and enable a physician treating a patient to have information about all other care the patient has received. These local networks would be able to communicate securely with one another in a dispersed national network of local and regional systems Local health information centers would keep indexes of where patients were treated and could gather this information quickly when needed. The information would be protected by stringent security and privacy standards. Such a system would also help consumers and patients to manage their own health by giving them greater control of their health records. Local health information systems are already working successfully in a number of communities and under development in some others. HHS is encouraging the development of these systems and taking the steps needed to ensure they will be able to communicate with one another.

President Bush has established a national goal of assuring that most Americans have electronic health records within 10 years. Once widely implemented, electronic health record systems would dramatically improve the quality of patient care and reduce the nation's health care costs by: (1) making the patient's up-to-date medical record instantly available whenever and wherever it is needed and authorized; (2) avoiding costly duplicate tests and unnecessary hospitalizations;(3) providing health professionals with the best and latest treatment options for the patient's needs; (4) helping eliminate medical errors; (5) streamlining the reporting of public health information for early detection and response to disease outbreaks and potential

bioterrorism; (6) creating opportunities to gather non-identifiable information about health outcomes for research to identify the most effective treatment options; and (7) providing better, more current medical records at lower costs.

At a Health IT Summit on May 6, 2004, HHS's Secretary Thompson announced the filling of the National Health IT Coordinator position and stated that "Health information technology promises huge benefits, and we need to move quickly across many fronts to capture these benefits ... We met with leaders of the health IT community at this summit to see how we can press down on the accelerator and bring about the benefits of health IT even faster. The benefits are enormous, but the task is also enormously complex. We need more than a business-as-usual approach." It's estimated that establishment of a national health information network can save about $140 billion per year through improved care and reduced duplication of medical tests.

C.5. Health IT Standards

One reason for the low penetration of HIT in health care is the tremendous challenge and complexity of getting health IT standards implemented across existing vendor HIT solutions. To help bring about standard solutions for electronic medical records and other health IT benefits, Secretary Thompson announced at the Health IT summit on May 6, 2004 several new accomplishments in developing standards. HHS and other federal agencies will adopt 15 additional standards agreed to by the Consolidated Health Informatics (CHI) initiative to allow for the electronic exchange of clinical health information across the federal government. For example, a key clinical language standard needed for a national health information infrastructure is the medical vocabulary known as SNOMED CT, created by the College of American Pathologists. SNOMED CT can be downloaded for free use in the United States from HHS' National Library of Medicine. With HHS support, the voluntary international health standards-setting organization known as Health Level 7 (HL7) announced a favorable vote on a functional model and standards for the electronic health record. The model is a significant step toward establishing nationwide guidelines for electronic health records. Use of a standard electronic health records model is needed to move the nation closer to a national, interoperable health information infrastructure that would allow quick, reliable and secure access to information needed for patient care, while protecting patient privacy. Such a system would allow a doctor or health care provider to access an always-up-to-date electronic health record of a patient who has agreed to be part of the system, regardless of when and where the patient receives care.

The 15 specific new standards announced by Secretary Thompson were: (1) five HL7 vocabulary standards for demographic information, units of measure, immunizations, and clinical encounters, and HL7's Clinical Document Architecture standard for text based reports; (2) five standards from the College of American

Pathologists Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) for laboratory result contents, non-laboratory interventions and procedures, anatomy, diagnosis and problems, and nursing; (3) the Laboratory Logical Observation Identifier Name Codes (LOINC) to standardize the electronic exchange of laboratory test orders and drug label section headers; (4) The Health Insurance Portability and Accountability Act (HIPAA) transactions and code sets standard for electronic exchange of health related information to perform billing or administrative functions. These are the same standards now required under HIPAA for health plans, health care clearinghouses and those health care providers who engage in certain electronic transactions; (5) a standard for a set of federal terminologies related to medications, including the Food and Drug Administration's names and codes for ingredients, manufactured dosage forms, drug products and medication packages, the National Library of Medicine's RxNORM for describing clinical drugs, and the Veterans Administration's National Drug File Reference Terminology (NDF-RT) for specific drug classifications; (6) the Human Gene Nomenclature (HUGN) standard for exchanging information regarding the role of genes in biomedical research in the federal health sector; and (7) the Environmental Protection Agency's Substance Registry System for non- medicinal chemicals of importance to health care. These 15 new standards build on the existing set of five standards adopted in March 2003. The new standards agreed to by federal agencies will be used as agencies develop and implement new information technology systems.

D. Specific Requirements

The HITRC contractor shall provide the necessary personnel, materials, equipment, support and supplies (unless government supplies, data or equipment are indicated) to accomplish the tasks described below. All work done under this contract shall be performed under the general guidance of the project officer, and is subject to project officer approval.

AHRQ estimates that the HITRC shall be responsible for supporting: (1) up to 125 HIT grants and other HIT projects during the first year of the contract; (2) up to a total of 150 grants and projects during the second year of the contract (including those carried over from the first year); (3) up to a total of 165 grants and projects during the third year of the contract [option year 1] (including those carried over from the second year); (4) up to a total of 180 grants and projects during the fourth year of the contract [option year 2] (including those carried over from the third year); and (5) up to a total of 200 grants and projects during the fifth year of the contract [option year 3] (including those carried over from the fourth year). These yearly estimates may vary based on available HIT funding and interest from AHRQ and other organizations collaborating with AHRQ on various HIT initiatives. The HITRC shall be prepared to easily scale its resources and staff during the contract period, as may be required to support additional or fewer HIT grantees and projects.

For contract proposal estimation and planning purposes, AHRQ anticipates that Tasks 1 through 17 will require perhaps 85-90%, or more, of the HITRC resources, and that Tasks 18 through 21 will require perhaps 10-15%, or less, of the HITRC resources. As indicated in Section B, the main purpose of this contract currently is to provide support and technical services and operate a service center to assist HIT grantees and other HIT project initiatives, and project and logistics support services to assist AHRQ in managing and operating the HIT program. While Tasks 18 through 21 are very important, they are expected to require a small percentage of the overall HITRC tasks planned for execution at this time.

The specific tasks to be performed by the HITRC are listed and described below:

1. Plan for and Conduct Initial Meeting to Discuss Process, Strategy and Work Plan.

2. Establish and Document an Approved Process, Strategy and Detailed Work Plan

3. Assess Initial Critical Needs of HIT Grantees and Projects.

4. Provide Results of Initial Needs Assessments and Perform Periodic Needs Assessments.

5. Provide Experts to Perform Initial Visits and Consulting with Selected Grantees and Projects.

6. Evaluate the Effectiveness of Consultative and Technical Assistance.

7. Provide a Wide-Range of On-going Technical Assistance and Support to the HIT grantees and other HIT project initiatives.

8. Provide HIT Grantee and Project Monitoring Support:

9. Prepare and Maintain Content and Tools for a HIT Information and Knowledge Management Repository and Extranet to support HITRC functions and users.

10. Maintain and Support an Extranet Website and Other Tools needed for Effective Communication, Collaboration, Information Sharing and Knowledge Management.

11. Establish an HIT Steering Committee and Manage and Support Steering Committee Meetings.

12. Provide for Sharing and Coordination of HIT patient safety related grants and project information and outcomes with other patient safety programs and information within AHRQ.

13. Plan and Implement HIT Annual Conferences and Meetings

14. Prepare and disseminate information on HIT grant and project activities and results.

15. Coordinate with the Statewide and Regional IT Data Interoperability Demonstration Projects awarded by AHRQ.

16. Provide GPRA Measures, Assessment and Evaluation Information for HIT Portfolio.

17. Provide a Monthly Progress Reports and Final Report.

18. Support the HIT Electronic Health Record (EHR) collaborative efforts among the federally supported Health Centers (HC) and IHS sites

19. Provide HIT Recommendations, Concepts, Proposals, Demonstrations, Evaluations, Solutions and Visionary Approaches.

20. Provide a Report with Recommendations for Knowledge Representation and Engineering Standards and Approaches to Support Clinical Decision Making Processes.

21. Establish and Support a Community of Practice to Facilitate Development of Local Health Information Infrastructures

Task 1. Plan for and Conduct Initial Meeting to Discuss Process, Strategy and Work Plan.

SubTask 1.1. Within 2 weeks of the effective date of contract (EDOC), meet with Project Officer to present and discuss contractor's proposed work plan, including process, strategy, resources and staff to be provided, proposed time line for performing the work, deliverables, budget and expense plan, strategy, format for the monthly progress report, and other contract execution issues.

Task 2. Establish and Document an Approved Process, Strategy and Detailed Work Plan

SubTask 2.1. Within 4 weeks of EDOC, develop and submit for Project Officer approval a final process, strategy and detailed work plan with resource allocations, staff, budget and projected expenditures to execute the requirements and tasks over the course of the contract.

SubTask 2.2. Within 4 weeks of EDOC, provide a detailed plan for providing specific consultative and technical assistance and resources to support those HIT grantees likely to benefit most from those services.

SubTask 2.3. Within 4 weeks of EDOC, provide detailed criteria for prioritizing the resource needs and support provided to the HIT grantees and project initiatives.

SubTask 2.4. Within 4 weeks of EDOC, provide a detailed plan of how the HITRC will scale-up its resources and staff, to support additional HIT grantees and projects than estimated in paragraph D above, in the event AHRQ and/or other agencies and organizations collaborating with AHRQ, fund additional HIT grants and projects. This plan should specify the additional resources and staff to be provided, assuming possible increases of 25%, 50% and 75% additional grants and projects per year, above the estimates in paragraph D above.

Task 3. Assess Initial Critical Needs of HIT Grantees and Projects.

SubTask 3.1. Within 10 weeks of EDOC, utilizing the approved process and strategy, perform an assessment of the current critical needs of each of the HIT grantees and project initiatives. Assume that this initial assessment process could include up to 20 site visits for HIT grantees and other HIT project organizations that are difficult to assess through telephone interviews or other methods alone

Task 4. Provide Results of Initial Needs Assessments and Perform Periodic Needs Assessments.

SubTask 4.1. Within 12 weeks of EDOC, submit to the Project Officer a report detailing the results of the initial needs assessments of all the HIT grantees and projects, and include an execution plan specifying the resources, staff, priorities, tasks, deliverables and timelines to support the needs of the HIT grantees and projects. The report shall include a prioritized list of the specific technical, consultative or other resources likely to be of greatest value in supporting each of the HIT grantees and other project initiatives.

SubTask 4.2. Semi-annually perform a needs assessment of the HIT grantees and other projects in the HIT portfolio. Provide a semi-annually report of the needs assessment including support, resource and staffing recommendations to the AHRQ project officer. Review the needs assessments semi-annually with AHRQ. Determine, and adjust as necessary, the numbers, expertise, types of resources, staffing and priorities to most cost-effectively support and respond to the needs of HIT grantees and projects, over the course of the contract, within available funding and as directed by AHRQ.

Task 5. Provide Experts to Perform Initial Visits and Consulting with Selected Grantees and Projects.

SubTask 5.1. Within 12 weeks of EDOC, identify availability, and provide to the Project Officer a list of HIT experts from the healthcare industry, from the research community (including those previously funded by AHRQ and other public and private organizations), from the HITRC expert staff, and from any other sources, and identify the specific research tools that the HITRC will provide, to assist grantees and projects in planning, implementing and determining the value of their HIT activities.

SubTask 5.2. Work closely with any individuals at AHRQ and other government organizations, designated by the Project Officer, to help identify researchers and research programs that have, in the previous ten years, conducted projects funded by Federal or other sources that focus on planning, implementing and determining the value of HIT to improve patient safety and quality.

SubTask 5.3. Upon notification by Project Officer, personally contact selected researchers, research program directors and other HIT experts on the list to determine his/her willingness and availability, to consult with the AHRQ HIT grantees and projects.

SubTask 5.4. Using the contractor's critical needs assessments of grantees as a guide, match grantee and project needs to the expert resources available on the list.

SubTask 5.5. Within 14 weeks of EDOC, arrange for and begin deployment of all experts or technical assistants, approved by the Project Officer, to visit and provide initial consults with selected grantees and other HIT project initiatives on areas of critical need.

SubTask 5.6. Assure that the consultant(s) provide the grantee and others (with cc to the Project Officer) a detailed report of initial findings and recommendations within 4 weeks of the visit.

SubTask 5.7. Provide for initial visits of experts and consulting services to all new HIT grantees and projects as needed during each year of the contract. For planning purposes, assume up to 30 consultative onsite "initial" visits per year, each lasting 1-2 days. Travel and lodging costs, as well as consultation fees for consultants should be included in the Contractor's budget.

Task 6. Evaluate the Effectiveness of Consultative and Technical Assistance.

SubTask 6.1. Within 3 months after the initial consultative and technical assistance service is completed, re-contact each HIT grantee and project director and access the level of satisfaction with the consultation / technical assistance and the extent to which the consultant's services were useful to the grantee and others.

SubTask 6.2. Within 2 weeks after the completion of each assessment, document any actions taken or planned by the grantees and other projects subsequent to (and as a result of) the consultation and provide the Project Officer with a brief evaluation report for each assessment.

SubTask 6.3. Provide an annual report to the Project Officer assessing the impact and effectiveness of all resources provided to date to the HIT grantees and others projects.

Task 7. Provide a Wide-Range of On-going Technical Assistance and Support to the HIT grantees and other HIT project initiatives. HIT grantees and projects sponsored by AHRQ or other agencies collaborating with AHRQ may seek a wide range of technical assistance to help plan, implement, sustain and evaluate their HIT initiatives.

The HITRC shall provide ongoing technical assistance which is appropriate, reasonable, useful and requested. Technical Assistance shall include, but is not limited to, the activities defined in Subtask 7 below. The HITRC shall: evaluate and prioritize all technical assistance requests and needs of grantees and projects; obtain resources to meet priority needs; and allocate available HITRC resources to deliver the most cost-effective overall support services.

SubTask 7.1. Provide useful and sound design, methodology, planning, implementation strategies, and evaluation approaches to enhance and expand the efforts outlined in their approved proposals.

SubTask 7.2. Develop and/or refine data collection instruments which are common among a number of projects, or use established instruments to collect common data and information. Develop and select instruments which provide valid, reliable and cost-effective approaches to data collection.

SubTask 7.3. Develop and use common, uniform standards and languages for coding data; provide guidance on obtaining, developing, collecting, aggregating, verifying, and synthesizing reliable research data; assist in analytic mechanisms; "clean/scrub" data collected from demonstration projects and data collected through another Federal project (which will be provided to AHRQ and then made available to

intramural and extramural researchers); and assure compliance with statutory and regulatory requirements. “Clean/scrub” data refers to (1) standardizing language and data coding where appropriate and possible; (2) ensuring that all data are de-identified in accordance with the standard set forth in 45 CFR Part 164 prior to making those data available for use in other projects in AHRQ's HIT initiative or to other researchers; and (3) assuring that data from different projects have standard definitions where applicable and to the extent possible.

SubTask 7.4. Evaluate efforts approaches and procedures as well as produce tools and products such as databases appropriate for research, guidelines for implementation efforts, and tools and products that can be easily disseminated and adopted.

SubTask 7.5. Select and develop surveys and data collection instruments.

SubTask 7.6. Develop and perform usability testing of Web sites, educational materials, dissemination efforts or other topics that are part of their approved grant proposals, but for which grantees may benefit from additional subject matter expertise.

SubTask 7.7. Provide grantees guidance on a one-to-one basis.

SubTask 7.8. Post information on the HITRC extranet portal site for access and sharing by all grantees and other HIT project initiatives when they have a need to do so, or by conducting conference calls on the special topic when there is likely to be sufficient interest for a number of grantees.

SubTask 7.9. Provide real-time one-on-one assistance over the web via instant messaging, discussion boards and collaboration portals; provide web-conferencing services for HIT grantee and project teams, provide sharing of virtual white-boards to facilitate discussions, conduct online training of software and tools, accessing and sharing users’ remote PCs to facilitate troubleshooting software and system operation problems and issues.

SubTask 7.10. Take a lead role in dissemination, implementation and adoption strategies, including disseminating findings to end-users in useful form, providing guidance or lessons learned from implementation efforts, and devising adoption strategies that can be readily accepted and are likely to be sustained.

SubTask 7.11. Help develop, synthesize, maintain and export executable knowledge for clinicians and patients;

SubTask 7.12. Serve as a collector and repository for best practice assimilation and diffusion, for use by the HIT grantees, projects and others;

SubTask 7.13. Serve as a central link between AHRQ and the HIT grantees and projects to facilitate information sharing and assistance.

SubTask 7.14. Translate grantees and other HIT projects research into practical use, developing tools and products that aid dissemination, implementation, and adoption efforts, sharing results among HIT grantees and others, and coordinating dissemination efforts with AHRQ's OCKT.

SubTask 7.15. Determine the benefits and value of HIT;

SubTask 7.16. Provide specialized expertise in Rural technical issues;

SubTask 7.17. Use information technology, networks, connectivity, hardware, software, interoperability and standards;

SubTask 7.18. Provide fiscal expertise;

SubTask 7.19. Recommend sustainability strategies;

SubTask 7.20. Provide guidance on use and understanding research methods (including behavioral and social research methods);

SubTask 7.21. Provide methods for addressing issues raised by institutional review boards (including protection of the privacy and confidentiality of patient-level research data);

SubTask 7.22. Provide recommendations for complying with current HIPAA regulations;

SubTask 7.23. Offer expert HIT support for providers and communities as needed to help HIT projects achieve successes;

SubTask 7.24. Perform and sponsor educational activities;

SubTask 7.25. Develop and disseminate tools to help providers and organizations utilize HIT to improve patient safety and quality of care in their communities;

SubTask 7.26. Provide assistance to the HIT grantees and projects to help them recognize and overcome barriers from a human and organizational standpoint, as well as from technical issues, in their HIT planning and implementation efforts.

SubTask 7.27. Recommend and deliver solutions to foster collaboration and coordinating activities of grantees across the three HIT RFAs and the other HIT project initiatives, and to facilitate communication and sharing of ideas and knowledge transfer among these HIT efforts.

SubTask 7.28. Provide technical assistance which is timely (within 1 week of request) and cost-effective, given the types, numbers, and similarity of requests.

SubTask 7.29. Maintain a written record in the extranet for each technical assistance request, including the name and organization of the requestor, nature and date of assistance requested, and nature and date(s) of assistance provided.

SubTask 7.30. Provide up to 3 special, limited one time technical assistance engagements per year, each taking up to at most 1-2 days, if needed to assist AHRQ partners, stakeholders and others in their HIT efforts, if such assistance is requested and approved by AHRQ to meet AHRQ's HIT program objectives.

Task 8. Provide HIT Grantee and Project Monitoring Support: Monitoring is necessary to insure that projects are meeting the HIT research agenda. Monitoring should be accomplished each month. Monitoring at other frequencies may be selected where appropriate or required for certain grants and projects.

The HITRC shall perform the following project monitoring support functions:

SubTask 8.1. Review progress reports submitted to the government by HIT grantees and other projects, track progress of projects against the research agenda and plan, conduct individual communications and meetings with project personnel and Agency program officers, and conduct site visits to the grantees and other projects as necessary to monitor progress.

SubTask 8.2. Provide on-going support and information for government project officers charged with monitoring HIT grants and projects to ensure that the grants and projects follow the research plan in the approved grant, address the HIT portfolio research agenda, complete project and contract deliverables, and achieve project goals.

SubTask 8.3. Work closely with AHRQ and other project officers to identify areas where modifications may be needed to the projects as initially outlined and approved. Provide a monthly report to AHRQ of any recommendations to modify projects.

SubTask 8.4. Provide monthly and annual summary review reports detailing progress and accomplishments of HIT grants and projects to the HITRC project officer to facilitate compliance with AHRQ grants monitoring and reporting requirements. The content and format of the summary review report shall be determined by the HITRC in consultation with the Project Officer.

SubTask 8.5. Document and maintain a description of the project experiences and operational characteristics obtained during site visits and/or phone calls and interviews with clinical staff, physicians, nurses, etc. involved in the project, and with other personnel to the extent of their project involvement such as, chief executive officer, chief financial officer/contractor, medical director, marketing director, management information systems director/contractor.

SubTask 8.6. Post and maintain project experiences and operations characteristics in the HITRC extranet. This information may include, but is not limited to:

1) A description of the project and organization;

2) Prior experience with health information technology and disease/care management;

3) Description of infrastructure: administrative, financial, clinical management information systems, structures, processes currently used, and any being developed for the project;

4) Description of any disease management intervention services, type of services including the role and use of technology, number, type and level of staff providing the service;

5) How the disease/case management intervention is actually implemented;

6) Project implementation experiences including barriers and facilitators, operational status of project efforts, the number of physicians in the practice who participate in the project, and the number of beneficiaries served and any potential problems.

7) Other experiences and characteristics, as appropriate.

SubTask 8.7. Monitor the range of issues raised by the HIT grantees and projects and lessons learned from their requests to the HITRC for support with their HIT projects. Provide a monthly report of issues and lessons learned to AHRQ.

SubTask 8.8. Coordinate with government HIT project officers to share and transfer any information, ideas, feedback, lessons learned and knowledge obtained by the HITRC staff regarding grants and projects under cognizance of the government project officers.

Task 9. Prepare and Maintain Content and Tools for a HIT Information and Knowledge Management Repository and Extranet to support HITRC functions and users.

SubTask 9.1. Work closely with HIT grantees, project personnel, AHRQ staff and others to develop and maintain: a current repository of electronic and written HIT information; HIT tools; knowledge management, collaboration and communication processes; and other support capabilities useful to grantees and other HIT projects for planning, implementing and determining the value of HIT to improve patient safety and quality.

SubTask 9.2. Provide and maintain a bibliography of HIT studies, HIT projects and HIT initiatives conducted to date and publications resulting from those studies, projects and initiatives which might be of interest to the AHRQ HIT grantees and projects and others. Create and store HIT bibliographies using the RefWorks website system, and provide links in the extranet to the RefWorks system.

SubTask 9.3. Identify, document, provide, and maintain HIT instruments, software, and tools used to date for research, planning and implementation, including their outcomes measures, functional status measures, patient safety and quality improvements, and benefits.

SubTask 9.4. Identify, document, provide, and maintain a complete description of methods currently used to assure that HIT research is translated into practice and policy and its impact is assessed.

SubTask 9.5. Identify, document, provide, and maintain information on findings, best practices, products, research questions and success stories resulting from previous, recent and on-going HIT activities.

SubTask 9.6. Identify, document, provide, and maintain a directory of contact information for HIT grantees, project staff and others who'll need to access the secure extranet and listserv.

SubTask 9.7. Identify, document, provide, and maintain FAQs on HIT topics of interest to grantees and project personnel.

SubTask 9.8. Identify, document, provide, and maintain strategies for involving communities in HIT research and projects.

SubTask 9.9. Identify, document, provide, and maintain processes for IRB approval of proposed HIT research projects.

SubTask 9.10. Identify, document, provide, and maintain strategies to assure compliance with HIPAA, privacy and intellectual property regulations.

SubTask 9.11. Identify, document, provide, and maintain strategies to assure HIT compliance with Accessibility (Section 508) and other IT related regulations and guidelines.

SubTask 9.12. Identify, document, provide, and maintain strategies and methods for assuring that new HIT research findings are translated into practice.

SubTask 9.13. Identify, document, provide, and maintain HIT planning and implementation guides for access by grantees and the public.

SubTask 9.14. Identify, provide, and maintain HIT ListServs needed by the HIT grantees and projects and the HITRC using AHRQ's LSOFT listserv software.

SubTask 9.15. Identify, document, provide, and maintain educational, CME, and tutorial offerings on HIT topics for use by HIT grantees and projects, and others designated by AHRQ.

SubTask 9.16. Determine specifications for, document, provide, and maintain a centralized, online, current HIT knowledge-base in the extranet, containing information on: HIT experts, standards, policies, publications, journals and news releases, and HIT project and grantee profiles. The purpose of this knowledgebase is to facilitate community-wide HIT knowledge management and engineering.

SubTask 9.17. Include for each HIT project and grant in the knowledge-base on the extranet the following information: (1) significant methodological changes, reasons for changes and impacts of changes: (2) key findings; (3) significant problems and alerts; (4) actual and proposed resolutions of problems; (5) data sources used; (6) study designs and methods used; (7) populations targeted/studied; (8) study settings; (9) other key study variables; (10)publications information (including if submitted or accepted, journal name, dates etc.); (11) presentations; (13)tools and products; (14) impacts; (15) collaborations and partnerships and purposes of the collaborations and partnerships; (16) lessons learned; (17) accomplishments; (18) links to other HIT related databases and resources; and (19) other relevant information identified by the HITRC.

SubTask 9.18. Provide search, analysis and update, and quarterly and annual summary reports of the information for each HIT projects and grants in the knowledge-base.

SubTask 9.19. Prepare a HIT Research Activities monthly document. The document shall provide a digest and summary of HIT research findings produced by the HIT grantees and projects, and by other significant public and private HIT sponsored activities. Prepare and recommend the types of content and format layout for the document for approval by AHRQ. This document should be similar somewhat in format to the AHRQ Research Activities monthly document, available from the AHRQ public website. Prepare and store this monthly document in both a PDF file format, and an online HTML format, on the extranet. AHRQ may elect to store this document, or the information in the document, also on the AHRQ public website. Distribute to HITRC ListServ members a monthly email notifying availability of the current document.

SubTask 9.20. Provide information to support AHRQ and other agencies' needs to respond quickly to congressional and others' queries about any or all of the HHS and AHRQ HIT grants and projects which the HITRC supports.

SubTask 9.21. Coordinate with AHRQ on a semi-annual basis to review and update the structure and content of the HIT knowledge-base, and identify what portfolio information and variables may need to be collected and maintained. Provide a semi-annual report of any recommendations to improve the HIT knowledge-base.

SubTask 9.22. Setup, provide and support forums, discussion groups, and collaborative secure virtual communities on the extranet, for access by HIT grantee and project personnel (and others in the healthcare industry who may need to participate with the HIT grantee and project personnel in such forums, discussion groups and communities of interests), to facilitate sharing of information and ideas on specific HIT topics.

SubTask 9.23. Prepare and disseminate newsletters to foster collaboration and sharing of HIT information and ideas among the HIT grantees and projects. Post newsletters on the extranet and email newsletters to members of the HITRC listserv, and to others as directed by AHRQ. Prepare and distribute newsletters monthly, or at the frequency which is most useful to the HIT grantees and projects.

SubTask 9.24. Provide, document and maintain links in the extranet to HIT resources, products, training, tools, services on the web, and to other websites addressing HIT issues, which may be of use to the HIT grantees and projects and others.

SubTask 9.25. Post on a public HITRC website, a copy of any HIT knowledge management capabilities, tools, or other information from the private extranet (or other sources), which HIT grantees and projects need accessible to the public, to conduct their projects, and support their dissemination, knowledge transfer, or collaboration needs. Any information and tools placed by the HITRC staff or extranet users on this public website, must be approved first by the Project Officer, and conform to all HHS and Federal IT rules and regulations. Develop recommendations and a design for any pages needed on the public HITRC website for this purpose, and deliver to the Project Officer for approval. Link the private extranet to the public HITRC website. Create and maintain any approved pages for the HITRC public website. Based on lessons learned and feedback from HITRC users, this public HITRC website may grow into a national resource and presence for exchanging Health IT lessons learned and best practices among providers, payers, consumers and others.

SubTask 9.26. Provide content for, and maintain a web-based database and reports in the extranet which compares, describes, and provides information on HIT software, tools, and products. Include comparisons of product features and capabilities for different electronic medical record systems, CPOE systems, personal health record systems, and other current and evolving HIT software, tools and products. Where this comparison information is already available on the web, provide links to this information. Include, or provide links to all available documentation and training materials from the HIT vendors, HIT grantees and projects, and others. Also, include links to available system executables and downloadable software (or provide the actual executables and software if cost-effective) for HIT tools and products which users wish to test, review, demo online and/or download to their PCs (and/or PDAs). Only link to include tools and products requested by users, and for which permissions were obtained to link to or store the tool or product on the HITRC extranet website. Assist and coordinate with AHRQ as needed to obtain such permissions and licenses. Identify and select the types, makes and models of HIT software, tools and products for inclusion in the extranet which the HITRC anticipates will provide the most benefit to HIT grantees, projects and others. For each system, tool or product selected, include and maintain the information described in this task.

SubTask 9.27. Provide a web-conferencing subscription service, linked to the extranet, for HIT grantees and project personnel, the HITRC and others to easily schedule and conduct their own online meetings. Approved meetings shall be only for: (1) use in managing and conducting HITRC functions, (2) use within HIT grants and projects, or (3) collaborating across the HIT grants and projects, the HITRC, AHRQ, and others. Procure the WebEx Meeting Center Pro (or equivalent) web subscription service. Budget $2,500 per month for each month of the contract to pay for the sum of the following: costs for a 10 person (concurrent seats) unlimited meetings license per month, plus any overage costs billed per month for any web-conferencing meetings with more than 10 concurrent participants. Large web-conferencing meetings, with greater than 10 persons, shall be approved by the HITRC. Begin this service within 3 months of contract award. As part of this service, procure and evaluate the communication multi-media toolkit and standalone meeting recorder and player tool. After 4 months of WebEx use, evaluate usage and benefits by HITRC users of the WebEx Meeting Center Pro service (or equivalent). Determine how many additional or fewer WebEx (or equivalent) licenses are needed to support the HITRC functions and users. Include an analysis of the WebEx web-conferencing subscription service (or equivalent), versus other available extranet tools (e.g. Sametime) to support HITRC and HIT grantee and projects web-conferencing, HIT software demonstrations, presentations, training and support needs. Document the evaluation findings, requirements and recommendation. Procure additional or fewer WebEx Meeting Pro (or equivalent) licenses, or other solutions, as approved by the Project Officer.

SubTask 9.28. Provide capability for HIT grantees and projects and the HITRC to create, maintain, share, view, report and update project task management information, via the web. Use the Project Server 2003 hosted and available at AHRQ as appropriate for this function. Determine user requirements, and then recommend the # of Microsoft Project web client assess licenses, and perhaps a limited # of Project Professional licenses, needed by extranet users. Procure any such licenses, needed and requested by users, and approved by the Project Officer. For contract resource estimation purposes, budget $15,000 to procure such approved licenses for HIT grantee and project users, unless a more cost-effective solution providing the same or increased capabilities, is proposed and approved. AHRQ anticipates that many HITRC extranet users are already familiar with and use Microsoft Project, and some of these users may be willing to pay for their own Microsoft Project upgrades to get Project Professional, or be willing to pay for web clients, if they desire to access and use the AHRQ Microsoft Project 2003 Web Server capabilities, and if such access licenses are

not provided for them by AHRQ or the HITRC. Also, procure any such licenses for the HITRC staff, and any of its expert consultants, needed to manage tasks under this contract. The HITRC may recommend, justify and get approval for an equivalent featured, or more robust, web-based Project Management solution, as an alternative to the AHRQ hosted and available Microsoft Project Server Enterprise Management Solution, to provide this capability.

SubTask 9.29. Track and log all users' requests, issues, feedback, training, problem reports, problem resolutions, usage of the extranet, listserv, survey tool, reference manager, HIT demonstration software and tools, and other capabilities and support provided by the HITRC.

SubTask 9.30. Maintain logs of all communications with HIT grantees and projects in a secure room and folder section of the extranet.

SubTask 9.31. Maintain and update the HIT information repository, knowledge management database, collaboration tools, and other extranet capabilities and content on a daily, weekly and monthly basis, as new information, tools and knowledge becomes available for sharing and transfer.

Task 10. Maintain and Support an Extranet Website and Other Tools needed for Effective Communication, Collaboration, Information Sharing and Knowledge Management.

SubTask 10.1. Setup, operate, maintain, and support a secure HITRC extranet website containing a HIT information repository, knowledge management capabilities, tools, and other features, approved by the Project Officer, for use by the HIT grantees and projects and others.

SubTask 10.2. Host and maintain the extranet physically on the AHRQ computer network in Rockville, MD. AHRQ will provide office space for any HITRC contractor IT expert staff proposed, required, and approved to setup and maintain the extranet, as needed throughout the contract period. Also, AHRQ will provide a VPN gateway when needed and approved for HITRC IT technical staff and consultants to remotely access and administer the HITRC extranet systems.

AHRQ will be responsible for and provide the HITRC with all needed IT infrastructure to support the extranet, including: but not limited to:

1. HP ProLiant or equivalent servers loaded with Windows 2000 operating system
2. Software and licenses for all infrastructure components

3. Internet connectivity, LAN, and WAN support
4. SSL and PKI certificates.
5. LDAP compliant directory
6. Exchange mail server
7. HIPAA compliant security
8. Firewalls, intrusion detection services, and anti-virus controls
9. DMZ and private network areas.
10. Regularly updated patches to server operating systems
11. IP addresses and domain names
12. System daily backup-recovery
13. Disaster recovery services
14. Secure Production environment
15. Reliable infrastructure operations
16. Development lab with servers and infrastructure for contractor use
17. Oracle database software and Cold Fusion software servers
18. SAS software and server
19. LSOFT ListServ and Microsoft Exchange Mail and Gateway servers.
20. Ultimate Survey Enterprise Edition. NET and SQL Server software and server
21. Oracle 9i Database Enterprise Edition software and server and Cold Fusion software capability
22. Plumtree Servers and Software
23. Lotus Quickplace, Sametime and Domino Servers and Software
24. RefWorks Bibliographic Management subscription service
25. WebTrends and WatchFire software and server

26. IBM Rational software

27. Microsoft Project Server 2003

28. VPN Gateway

SubTask 10.3. Setup and maintain the extranet and related systems using the following software architecture and components:

1. IBM Lotus Team Workplace (Quickplace) and Lotus Sametime loaded on Domino and Windows 2000. AHRQ has a Quickplace license for extranet projects and has been using Quickplace successfully to support collaborative needs of AHRQ Practice Based Research Network (PBRN) grantees, and other AHRQ projects for several years. The HITRC shall use the Quickplace software to provide quick setup and easy support of secure collaborative virtual workspaces, communities of interest, information sharing, and other features. Also, AHRQ has and is testing IBM Lotus Sametime software, and will procure any needed and approved Sametime user licenses for the AHRQ HITRC extranet functions. Sametime can be used to provide instant conferencing, messaging and awareness. Use the Quickplace and Sametime products as part of the extranet's architecture, where cost-effective. AHRQ will provide servers loaded with the current release of Quickplace, Sametime and Domino. The HITRC shall use these servers as part of the extranet infrastructure, and upgrade and maintain QuickPlace, Sametime and Domino software as needed. Also, the HITRC shall: (1) work with users to ensure their effective use of collaboration, pc-based video conferencing, and other capabilities available via the QuickPlace and Sametime products, (2) provide Sametime instant messaging logging (e.g. via the SnappShot tool from snapps.com (or equivalent)); (3) provide secure, browser based administrative QuickPlace clients, QuickPlace theme customization tools, and QuickPlace user site map capabilities available from snapps.com (or equivalent); and provide QuickPlace and Sametime training services.

2. Plumtree Corporate Portal system (Windows 2000), including: the following: Plumtree Portlets (Community Folders, Portal Search, Various Analytic Tools, Collaboration Server Suite, Content Server Suite, Studio Server Suite, and the Excel Gadget Framework); and the following servers

(Database, Search, Automation, Portal, Collaboration, Content, Studio, and Remote .NET/ASP Portlet). AHRQ has a Plumtree development license for extranets and will obtain an extranet production license, as needed and approved. Also AHRQ has a Plumtree production license for developing and deploying the next version of its intranet, most likely during FY-05. AHRQ will provide and maintain servers loaded with the current release of Plumtree. The HITRC shall use Plumtree and its robust portal and collaborative features, as part of the extranet where cost-effective. Also, the HITRC shall use the Plumtree Collaboration Portlet to integrate and display any Quickplace and Sametime screens and features created by HITRC staff or users. In addition, the HITRC shall identify, recommend, justify and use any other available Plumtree Portlets, being used (e.g. by HHS, NIH and other Plumtree federal and private implementations), which are cost-effective and approved by the Project Officer.

3. LSOFT ListServ to create and maintain HITRC needed ListServs.

4. Ultimate Survey Enterprise Edition. NET, by Prezza Technologies, running on Windows 2000 and using the Microsoft SQL Server database. Provide and support this software capability for HITRC extranet users to create and deploy surveys via the web. A future release of this software may include a PDA survey user interface. AHRQ owns and hosts an enterprise license of Ultimate Survey, which may be used to support the HITRC functions and extranet users. AHRQ has used this software as part of its PBRN resource center extranet, for users to create and deploy their own PBRN web-based surveys. The HITRC shall review, propose, justify, and obtain approval from the Project Officer for, and procure, test and support, any other web and / or PDA based survey tools (for use in place of or in combination with Ultimate Survey), and needed to cost-effectively support HITRC user needs.

5. Oracle 9i Database Enterprise Edition on Windows and Cold Fusion server, for the HITRC to develop any custom databases and reports, needed by extranet users, for projects which have requirements and justification documented by the HITRC, and approved by the Project

Officer. AHRQ uses the Oracle database technology, with Cold Fusion, for most of its customized database and web-based reporting requirements. Also, AHRQ uses the IBM Rational Rose software development suite. The HITRC shall use the AHRQ IBM Rational software, or get approval for an equivalent and preferable software (which might be already owned and in use by the HITRC contractor) to manage the design, quality and configuration of any software development efforts (e.g. to create ORACLE, SQL Server, Access or SAS databases and reports) needed under this contract.

6. SAS's full suite of server, desktop and web-based database and reporting software, available from the HHS SAS Enterprise License Agreement, funded by HHS, and accessible for no additional cost to HHS/AHRQ (including their grantees and contractors for approved projects). The HITRC shall evaluate the need for, and document, propose, justify and get approval for any SAS software (either desktop or server software, hosted at AHRQ or at users' local data centers) supplied by AHRQ to support HITRC functions or needs of the HIT grantees and projects.

7. Microsoft Project Server 2003 (see SubTask 9.28)

8. Other technology solutions, approved by the Project Officer.

SubTask 10.4. Document requirements and justify any "new or changed" capabilities, operations, features and functions, or related IT services, for the extranet, to support the HIT grantees and projects. Recommend and get approval for any new features or changes. Purchase or lease any additional IT hardware and software needed to demonstrate, pilot test and evaluate any proposed and approved changes or new features. All HITRC IT purchases to demonstrate, pilot test and evaluate any proposed changes or new features shall be approved by the Project Officer. For contract resource estimation purposes, budget $30,000 a year for possible HITRC IT purchases or leases to demonstrate, pilot test and evaluate any proposed changes or new features. All new IT infrastructure components needed to "operate" and maintain approved changes or new features in a production environment, will be procured by AHRQ.

SubTask 10.5. Provide capability for HIT grantees and projects to conduct web-based (and PDA based) surveys for their HIT projects and studies. For example, the Prezza Technologies Ultimate Survey system (or

equivalent) can be used for designing and conducting web-based surveys. Provide links to access this capability from the extranet. Support HIT grantees and projects in using this capability. (see SubTask 10.3 (item 4) above)

SubTask 10.6. Support HIT grantees and projects in using the RefWorks web-based software system to create, manage, share and store their bibliographies online via the internet. AHRQ has a license for using RefWorks. AHRQ will provide the ability for the HITRC to setup accounts for the HITRC staff and HIT grantees and projects to use this system.(see SubTask 9.2)

SubTask 10.7. Test the HITRC extranet and software systems, periodically, and coordinate as needed with the Project Officer and AHRQ IT staff, to evaluate and ensure: (1) a high level of system performance, recoverability, reliability and user availability; and (2) compliance with security, HIPAA, 508 accessibility, web-site design and usability, and other standards and regulations. Document any issues or problems. Meet monthly with the Project Officer to review and resolve any issues or problems.

SubTask 10.8. Test any software executables or files which users can downloaded to their PCs or PDAs from the HITRC extranet, to ensure that such downloads and use of any HITRC provided software and files to users, will not reasonably cause users' PCs and /or PDAs to crash or contain viruses. Also, perform independent validation and verification of tests, and / or obtain written guarantee from vendors, as needed, to ensure that any software or files from the HITRC extranet will not reasonably crash users' PCs or PDAs or contain any viruses. Document and submit monthly to the Project Officer a report of findings from performing any such tests, verifications or validations, and any written guarantees obtained from vendors.

SubTask 10.9. Evaluate, recommend, prioritize, justify, and conduct any needed programming and customization to the HITRC extranet and its related software and systems, approved by the Project Officer. AHRQ anticipates that at most 2-3 programming and customization tasks will be requested, needed and approved per month. The types of programming tasks expected to be approved may include, but not be limited to: (1) developing online custom forms for surveys, meeting and conference registrations, feedback or other purposes; (2) providing Java or other programming agents or e.g. QuickPlace "placebots" to run user forms on a scheduled basis, customize email alerts, or for other purposes; (3) customizing the designs and themes of users' QuickPlaces, and other virtual team workplaces, available from the extranet; (4) providing custom Plumtree portlets and other configurable

software components for other interactive data sharing, collaboration, analysis, processing and knowledge management capabilities of the extranet; (5) other programming efforts to support user needs. Programming technologies and languages needed may include, but are not limited to the following: HTML, XML, Java, JavaScript, ASP, .Net, CFM, and others. Some programming efforts will require designing, creating, interfacing to, and maintaining databases, primarily using Oracle. Oracle shall be used as the standard database technology for most all HITRC efforts. Oracle is supported and used at AHRQ as the standard (and most secure) database technology for agency database projects. However, SQL Server, SAS or other technologies are available and may be used for any approved extranet system component or project which doesn't support Oracle as a backend server database (e.g. the Ultimate Survey software) or for any other approved HITRC programming effort which justifies not using Oracle as the backend database at AHRQ.

SubTask 10.10. Deliver, operate and begin training and support of all HIT extranet and related software capabilities (e.g. RefWorks Bibliography, Survey Tools, Web-Conferencing, Real-time Sharing of Information and messaging, and others) by 12 weeks of EDOC.

SubTask 10.11. Provide on-going user support and training for all extranet related software functions and capabilities.

SubTask 10.12. Use the AHRQ computer development lab to test any new or changed extranet software or related capabilities approved for evaluation by the Project Officer.

SubTask 10.13. Comply with all HHS and Federal IT security, standards and regulations.

SubTask 10.14. Comply with HHS rules regarding not using persistent cookies unless, which are: strong functional reasons must exist e.g. to significantly enhance site capabilities; appropriate disclosed privacy safeguards exist for handling any information derived from the cookies; and approval has been received from HHS. If persistent cookies are needed, the contractor must submit a request and justification to the Project Officer, who will request a waiver from HHS.

SubTask 10.15. Comply with HHS rules specifying that personal information shall not be required to visit a website, and personal information shall not be automatically collected. Personal information may be collected to respond to a user's message or to fulfill the stated purpose of any communication by a user. The name of the domain users utilize to access the site, bandwidth, the type of browser and operating system

the user utilized to access the site, the date and time of the user's visit, the address of the website the user came from when referred by another site, and keywords entered into any search engine on the website may be collected.

SubTask 10.16. Adhere to standard IT system life cycle methods and structured approaches, with defined activities, phases, products, and reviews, for all HITRC IT development, implementation and maintenance efforts.

SubTask 10.17. Provide and maintain complete documentation, configuration and technical specifications for all extranet system components and any HITRC provided IT system development and solutions.

SubTask 10.18. Log and archive all extranet transactions, messaging and postings as needed to comply with federal rules and regulations.

SubTask 10.19. Identify any extranet problems; prioritize issues, and assign and track problems through to resolution. Use the WatchFire, WebTrends and other tools provided by AHRQ or others tools available to the HITRC for this purpose. For example, the WatchFire system can store information from scans and generates reports; handle scheduling, database storage and administration; collect web content data by spidering through related websites; scan dynamic content, JavaScript™, forms, security logins, SSL, session IDs, manage compliance with accessibility guidelines; integrate accessibility testing; identify inadvertent linkages to undesirable content; show how visitors interact with website content and measures its effectiveness; combine traffic data with site defects and compliance issues; consolidate information reports to help identify changes, improvements, visitors, time and day of visits, technologies used, visitor behavior data and user experience, content quality and privacy issues; and help correlate traffic patterns with content defects. Provide monthly reports of site usage.

SubTask 10.20. Post user feedback, reports and recommendations to improve the extranet, and summaries of extranet logs and usage to the extranet monthly.

SubTask 10.21. Evaluate HITRC user needs for secure e-mail. Document needs and propose a solution to support secure-email functions via the extranet. Use AHRQ provided PKI certificates, or other appropriate technologies. Work with AHRQ to issue and manage any PKI certificates and encryption capability needed to provide secure e-mail for approved HITRC extranet users.

SubTask 10.22. Provide an automatic username and password reminder function, sent via email, using approved email addresses registered in a central LDAP directory, for all extranet and related user systems requiring login. Evaluate, recommend, provide and support a solution, if approved by the Project Officer, for a single user login capability to all, or most all, HITRC extranet and related systems.

Task 11. Establish an HIT Steering Committee and Manage and Support Steering Committee Meetings.

SubTask 11.1. Form a Steering Committee comprised of up to 15 members chosen from the Principal Investigators and directors of the various HIT grants and project initiatives sponsored by AHRQ and its partners. Include on the Steering Committee a representative from AHRQ, HRSA, IHS, NLM, CMS, VA, and HHS (ASPE).

SubTask 11.2. Develop criteria for selecting the Steering Committee membership in consultation with the HIT Principal Investigators and project directors. One criterion for Steering Committee membership shall be that the Steering Committee will include at least three PIs from each of the 3 HIT RFA initiatives. A single PI may represent more than one RFA. Consult with the Project Officer on the selection of members. .Final Steering Committee selection criteria and membership shall be developed in consultation with and be subject to approval by AHRQ.

SubTask 11.3. Arrange for the Steering Committee to meet at least semi-annually for a one-day meeting to provide advice to the HITRC concerning the needs of grantees and contractors with regard to the resources and support provide by the HITRC.

SubTask 11.4. Arrange for the first meeting of the Steering Committee to occur preferably at AHRQ by 18 weeks from EDOC.

SubTask 11.5. Prepare an agenda and conduct the semiannual meetings. AHRQ and other agency Project Officers assigned to each grant and project included in the HIT portfolio should participate in these meetings.

SubTask 11.6. Prepare a summary of the Steering Committee's activities, semi-annual deliberations and specific recommendations, and deliver to AHRQ 1 month following semi-annual meeting.

SubTask 11.7. Arrange and reimburse for all travel and per diem for Steering Committee members as well as arranging for meetings that shall be held at AHRQ offices. At no time shall the HITRC use advice from the Steering Committee to arbitrarily change the scope of work of the project. Any change in the scope of work shall be determined by the

AHRQ Contract Officer in consultation with the AHRQ HITRC Project Officer.

Task 12. Provide for Sharing and Coordination of HIT patient safety related grants and project information and outcomes with other patient safety programs and information within AHRQ.

SubTask 12.1. Coordinate with the AHRQ's Patient Safety Resource Coordinating Center (PSRCC) to complement, be of mutual benefit, foster collaborations, and share HIT grantee information with the AHRQ patient safety program initiative. The PSRCC will serve as a resource and support center linking the components of the Agency's patient safety initiative to each other, to relevant Agency staff, and to other federal and non-federal patient safety initiatives. Recommend the most effective strategies for bringing about any needed synergy between the HITRC and PSRCC.

SubTask 12.2. Provide grant abstracts, reports and any other designated information in the extranet, stemming from the HIT patient safety grants and projects, to the PSRCC in an appropriate and approved electronic format on a monthly or quarterly basis, as approved by the Project Officer. Also, setup accounts to permit selected PSRCC extranet users approved by the Project Officer to access the HITRC extranet.

Task 13. Plan and Implement HIT Annual Conferences and Meetings:

SubTask 13.1. Assist AHRQ staff in planning and implementing an annual 3 day meeting of representatives of the grantees and other HIT projects. The purpose of the annual meeting is to provide a forum for discussion and exchange of information among the HIT grantees and projects and AHRQ and other organizations collaborating with AHRQ. Updates on research completed by each grantee and opportunities for future projects, including collaborative work, and lessons learned will be presented and discussed.

SubTask 13.2. Deliver for project officer approval at least 6 months prior to the annual meeting a detailed execution plan for implementing, funding and supporting the annual meeting.

SubTask 13.3. Provide support in developing the agenda and content of the meeting and all the logistical arrangements in consultation with AHRQ staff.

SubTask 13.4. Include all meeting costs in the HITRC budget, excluding travel and lodging for AHRQ HIT grantees and project personnel, and AHRQ staff and other federal participants.

SubTask 13.5. Identify and reserve lodging for meeting participants who are funded through AHRQ's HIT initiative, and adhere to and pay particular attention to government per diem rates. The HITRC shall not be required to make travel arrangements for participating AHRQ or other federal staff nor pay their per diem.

SubTask 13.6. Pay for travel and lodging for relevant HITRC staff for required meetings.

SubTask 13.7. Prepare and deliver a summary of activities and a compendium of findings resulting from each annual meeting (by 1 month following the meeting) that includes, at a minimum, a summary of all meetings events and activities, descriptions of research findings, methodological issues, implementation issues, tools and products, and educational materials authored by the principal investigators from the individual grants, and other relevant information. Audio-record and document all annual meeting presentations and participant comments, audio-video tape meeting presentations, and prepare and store audio and audio-video files on the extranet for user access.

SubTask 13.8. Establish a meeting date and place for each site visit to HIT grantee institutions, in the event AHRQ decides to conduct site visits to selected grantee locations. The HITRC shall be prepared to schedule and carry out up to ten site visits, and shall work with relevant Agency and project staff in planning these meetings.

SubTask 13.9. Coordinate with the AHRQ and the PSRCC to plan for a one day overlap and co-location of the HIT annual conference and the AHRQ Patient Safety annual conference. The purpose of this overlap is to encourage and support joint presentations, experiences, complimentary efforts and collaborations. The HITRC shall collaborate with the PSRCC and AHRQ staff to ensure that expenses for the joint annual conference are minimized and shared appropriately, e.g. by sharing costs for the meeting room, etc.

Task 14. Prepare and disseminate information on HIT grant and project activities and results. The HITRC shall play a critical role in dissemination and diffusion activities, and in efforts to translate the results of AHRQ funded HIT research and projects into practice and policy. Dissemination and implementation of HIT research efforts, providing syntheses of research results in useful form, and developing tools and products of value to the end-user community are an important objective of the overall AHRQ HIT initiative. The HITRC shall:

SubTask 14.1. Prepare and disseminate information on HIT grant and project activities and results among the HIT patient safety grantees and others involved in HIT project initiatives.

SubTask 14.2. Recommend efficient and effective ways to: disseminate findings to end users in a useable form; communicate lessons learned from implementation; and facilitate adoption and ongoing use of findings.

SubTask 14.3. Support the development of monographs, papers, and resource materials by AHRQ's OCKT.

SubTask 14.4. Prepare syntheses of disparate HIT research findings and preparation of summaries of these research integrations in useful form that are appropriate four distinct audiences: (1) health care provider and administrators, (2) policy makers, (3) researchers, and (4) mass media.

SubTask 14.5. Work closely with HIT grantees and projects to ensure that AHRQ's OCKT is informed of grant and project results, when articles from HIT studies are accepted for publication in the professional literature, and when tools and products of value to the end-user community are developed.

SubTask 14.6. Coordinate with grantees and contractors to facilitate discussions of any ideas about dissemination and marketing efforts with OCKT staff. The goal is to ensure that efforts to disseminate research findings are coordinated with other Agency activities to maximize awareness and application of the research by potential users, including clinicians, patients, health care systems and purchasers and policymakers. This is critical when outreach to the general and trade press is involved. Contact with the media will take place in close coordination with OCKT and the press offices of the grantee's or contractor's institutions. In cases when products are created (such as annual or final reports, Web-based tools, PDA tools, CD-ROMs, etc.), grantees and contractors will be asked to submit to OCKT a brief plan describing how the product will be publicized. An OCKT staff person will be assigned to each product and will coordinate the implementation of the plan, especially issues related to printing and electronic dissemination, and outreach to the media.

SubTask 14.7. Serve as a data clearinghouse on relevant aspects of all the HIT grants and projects, and serve as an active promoter of new ideas and avenues for disseminating and diffusing promising innovations that result from the funded HIT projects.

SubTask 14.8. Develop a plan for the dissemination, implementation, and adoption of findings for each HIT initiative in consultation with AHRQ's OCKT. The dissemination plan shall outline the method and modes of dissemination for project results above and beyond traditional dissemination through research journals, trade publications and presentations at national meetings. The dissemination plan should include innovative approaches for synthesizing information and using communication channels and technology not normally considered by researchers. Also, the dissemination plan should consider strategies for sharing information and providing demonstrations on tools and products that will facilitate adoption of new practices in relation to HIT.

SubTask 14.9. Participate in identifying research findings that are sufficiently established and that can be made available for immediate dissemination (i.e., the so-called "low hanging fruit") as well as those that may require some synthesis and review before releasing.

SubTask 14.10. Coordinate with the OCKT Knowledge Transfer contractors (Academy Health, HSR, Delmarva Foundation and Lewin Group), as requested by AHRQ, to support AHRQ efforts to accelerate the knowledge transfer of outcomes from the HIT portfolio of grants and project initiatives.

SubTask 14.11. Provide a monthly report of dissemination and knowledge transfer activities, and deliver to the Project Officer and OCKT.

Task 15. Coordinate with the Statewide and Regional IT Data Interoperability Demonstration Projects awarded by AHRQ.

SubTask 15.1. Coordinate with and support up to 5 States and their duly appointed agents, awarded State health IT data exchange and interoperability demonstration contracts by AHRQ.

AHRQ is planning to award up to 5 State health IT data exchange and interoperability demonstration contracts by the end of FY-04. Each contract is expected to last 5 years and cost approximately $1M per year. The 5 State contracts will demonstrate statewide and regional data sharing, exchange, and interoperability of HIT and health information systems to improve the quality, safety, cost, efficiency and effectiveness of health care for patients and populations on a discrete state or regional level. These demonstrations will complement AHRQ's portfolio of HIT community-level planning and implementation projects. AHRQ expects that measurable improvements in the quality, safety, efficiency and/or effectiveness of care should result from the proposed statewide data sharing and interoperability demonstrations. Also, AHRQ may award additional, similar State and other health data exchange and

interoperability demonstration contracts in future years. However, no definite plans, approval or AHRQ funds exist at this time for future State initiatives. If AHRQ does award additional State contracts, then AHRQ may modify this contract task, if necessary to support any future initiatives.

SubTask 15.2. Obtain from these 5 State demonstrations, and any e-prescribing programs implemented throughout these 5 States, any lessons learned, best practices, experiences, recommendations, and other knowledge, which might be of use to other States, providers and organizations.

SubTask 15.3. Transfer any knowledge and information acquired during these State demonstrations to the HIT grants and project initiatives and post this information and knowledge on the HITRC extranet and public website.

SubTask 15.4. Make recommendations, propose solutions, and transfer knowledge to the States, when any knowledge and experiences from the HIT grantees and projects or HITRC staff, becomes available which might assist the States in conducting their demonstration efforts.

SubTask 15.5. Prepare and deliver a monthly report of support, assistance, knowledge transfer, information sharing and collaborative efforts performed regarding the State IT demonstration projects.

Task 16. Provide GPRA Measures, Assessment and Evaluation Information for HIT Portfolio.

SubTask 16.1. Design and implement, in collaboration with AHRQ, evaluative strategies to support institutional reporting requirements (e.g., Government Performance and Results Act [GPRA] measures) and an assessment of the impact of institutional investments in the HIT patient safety and other HIT project initiatives. Conduct an assessment and evaluation of all programs and grants within the AHRQ HIT portfolio, using the approved evaluative strategies. Provide an annual report of the evaluation of the AHRQ HIT portfolio by the end of each September. The evaluation report should consider, address and meet the specific reporting requirements of AHRQ with regard to GPRA measures and other Health and Human Services regulations and Congressional requirements

SubTask 16.2. Develop and submit to the Project Officer a detailed annual report, by the end of each September, which assesses and evaluates the impact of the HITRC resources provided over the course of this contract to date on the development and achievements of the HIT

grantees and other HIT project initiatives. The report should consider, address and meet the specific reporting requirements of AHRQ with regard to GPRA measures and other Health and Human Services regulations and Congressional requirements.

SubTask 16.3. Provide a draft report to the Project Officer by the end of each August that evaluates the HIT portfolio per SubTask 16.1, and a separate draft report for SubTask 16.2 by the end of each August that evaluates the impact of the HITRC resources on the HIT portfolio. Incorporate any necessary changes and recommendations from AHRQ into the final reports.

Task 17. Provide a Monthly Progress Reports and Final Report.

SubTask 17.1. Submit to the Project Officer and the Contracting Officer a monthly progress report within 10 days after the end of the month. The format for the monthly progress report will be discussed during the initial meeting with the Project Officer. The monthly progress report shall be sent both by regular mail and email to the Project Officer. In addition, the HITRC shall hold a monthly conference call with the Project Officer, on a date and time mutually agreeable to both parties, and shall provide a summary of the discussion in the monthly progress report.

Each monthly report shall: (1) document and summarize the contractor's progress toward completing project milestones and tasks; (2) provide the status, accomplishments, expenditures, and a brief description of all ongoing assigned tasks and efforts, and include details about problems encountered and how they are being dealt with, as well as explanations for any tasks that are behind schedule; (3) discuss and summarize all HITRC activities and support provided during the prior month; (4) describe anticipated challenges/problems, and describe a plan for future activities; (5) provide current and proposed expenditures relative to original schedule and budget; (6) attach (or provide reference to their location within the extranet) updated Microsoft Project reports and Access database reports containing all tasks, resources, resource utilization by task, costs by resources and tasks, timelines and milestones, and other meaningful project management and expense information, as mutually agreed to by the HITRC and Project Officer.

Also, each monthly report shall include a summary discussion, (and provide references to updated monthly documents in the extranet containing backup information) of the following: (a) descriptions of all consultant visits and findings and all technical assistance provided by the HITRC; (b) status of all technical assistance and support tasks and efforts; (c) user and resource utilization of the extranet, survey tools, RefWorks, WebEx, and other IT system and software capabilities

provided by the HITRC to users; (d) feedback from users on benefits, problems and deficiencies of the HITRC's technical assistance support and the extranet; (e) report of all new HIT dissemination efforts; (f) issues raised by grantees and projects; (g) lessons learned from users' requests for support with their HIT implementations; (h) noteworthy HIT research and findings, (i) development of tools, educational materials and any other products; and (j) successes and failures with HIT dissemination, implementation and adoption efforts.

SubTask 17.2. Prepare a final report at the conclusion of the contract. The final report shall summarize the full contract experience, including accomplishments, assessment of barriers/challenges encountered, and recommendations to the Agency on ways to sustain and improve the HITRC process, capabilities and services. Also, the final report shall include a description of all HITRC on-going initiatives and projects at end of the 24 month period which will require continued support into the following option years, and a discussion of the specific future support requirements for HITRC initiatives and projects in the option years.

SubTask 17.3. Provide a draft of the final report to the Project Officer at least one month in advance of the final report, review the draft report with AHRQ, and incorporate any necessary changes.

Task 18. Support the HIT Electronic Health Record (EHR) collaborative efforts among the federally supported Health Centers (HC) and IHS sites.

SubTask 18.1. Provide a detailed plan within 4 weeks of EDOC to coordinate with, learn from, obtain feedback of lessons learned, transfer knowledge, and provide technical support (when requested and approved by AHRQ) for the HIT Electronic Health Record (EHR) collaborative efforts among the federally supported Health Centers (HC) and IHS sites that are funded through partnership agreements among HRSA, IHS, AHRQ, and others.

During the past year, AHRQ, HRSA, IHS and the VA have meet to discuss, evaluate and plan for future upgrades to the IHS Resource and Patient Management System (RPMS) EHR system, to provide an RPMS graphical user interface capability to meet IHS user needs and possibly support HCs EHR needs, and to plan for possibly integration or interface with future designs of the VA EHR system for use by IHS, HCs and others. Also, AHRQ has provided funding to IHS to help with RPMS enhancements. More information on the IHS-EHR and RPMS system can be found at http://www.ihs.gov/Cio/RPMS/index.asp and http://www.ihs.gov/CIO/EHR/

A main focus of the EHR collaborative efforts among these Agencies will be to demonstrate HIT value and implement EHR standards-based solutions for improving patient safety and quality of care in HC health settings and in IHS settings. The HC is a 130 health center program that includes community health centers, school based health, migrant health, and health care for the homeless and public housing.

The primary role of the HITRC in supporting this collaborative effort will be to: (1) participate in several meetings per year with AHRQ, IHS, HRSA, the HCs and others discussing the collaborative EHR efforts; (2) coordinate and collaborate with IHS and the HCs to understand and learn about their problems, needs, issues, successes and benefits of implementing standards based EHR solutions in their health care settings; (3) transfer knowledge gained from these meetings and collaborative efforts for use by the HIT grantees, projects and others; (4) document, summarize and post all information and knowledge learned from these meetings and collaborative efforts on the extranet; and (5) make recommendations, propose solutions and transfer knowledge, when possible, from the HIT grantees and projects, or from the HITRC expert staff and consultants, which might assist in improving the EHR IHS and HRSA collaborative and implementation efforts.

SubTask 18.2. Review and discuss the plan with AHRQ, HRSA and IHS, and others, and modify and finalize the plan as required for approval.

SubTask 18.3. Execute the approved plan for this effort.

SubTask 18.4. Provide a monthly report of activities and accomplishments for this task, and submit to the Project Officer, and to IHS and HRSA designated contacts for this project.

Task 19. Provide HIT Recommendations, Concepts, Proposals, Demonstrations, Evaluations, Solutions and Visionary Approaches.

SubTask 19.1 Develop, prepare, provide, deliver and support each year 3 HIT related seminars, workshops, workgroup conferences, white papers, or other formats specified by AHRQ. Each deliverable shall address, provide and/or contain either recommendations, concepts, proposals, demonstrations, evaluations, implementation solutions and/or new visionary approaches for applying information technology to improve healthcare, to improve health services research, to improve translating research into practice and policy, and/ or to operationalize HIT solutions in different health settings.

SubTask 19.2 Each deliverable specified in Subtask 19.1 shall support at least one of the following objectives: (1) to promote and support health services research across community-wide settings; (2) to collect, access, analyze, consolidate and share electronic research data; (3) to integrate clinical and health services research databases from multiple sources; (4) to develop community-wide research data architectures, data interfaces, data standards, common data elements and data structures; (5) to establish research networks and promote cooperative partnerships and collaboration among researchers, clinicians and patients; (6) to integrate clinical and health services research information infrastructures with public health information infrastructures; (7) to bring together clinicians and researchers with common interests and expertise; (8) to encourage knowledge transfer and lessons learned; (9) to prevent duplicative health services research efforts; (10) to promote dissemination of health services research; (11) to ensure health services research data security, integrity and privacy; (12) to advance clinical and health services research; (13) to accelerate the translation of research into practice and policy; (14) to promote the development, adoption and diffusion of HIT to improve patient safety, quality, efficiency and effectiveness of care; (15) to support the goals of the IOM report on "Patient Safety: Achieving a New Standard for Care"; (16) to evaluate, promote and develop the NHII; (17) to evaluate, promote, and develop the LHIIs, or other related concepts; and (18) to promote and support the development, diffusion and adoption of Personal Health Record systems.

SubTask 19.3 Meet with AHRQ by 14 weeks of EDOC to provide a written proposal of topics and deliverables for the current year, to review alternatives, and to get approval to proceed with the current year's topics and deliverables.

SubTask 19.4 Meet every 6 months with AHRQ to: (1) review status of Task 19 efforts to date; (2) identify, review, recommend, plan and get approval for future topics for white papers, seminars, workshops and other deliverables; (3) propose a resource allocation plan to accomplish future approved Task 19 efforts; and (4) establish reasonable due dates for future approved Task 19 efforts (balancing priorities, resource availability, and competing needs of users for HITRC technical assistance and support).

Task 20. Provide a Report with Recommendations for Knowledge Representation Standards and Approaches to Support Clinical Decision Making Processes

SubTask 20.1 Meet with AHRQ by 10 weeks of EDOC to provide, present and discuss a plan for: (1) reviewing and evaluating current knowledge

representation standards, approaches and solutions used in clinical decision support systems; (2) identifying and recommending concepts and standards for a generalized knowledge representation framework, and a generalized knowledge engineering solutions to support clinical decision support systems; (3) identifying and recommending standards for knowledge acquisition, authoring and maintenance in a generalized framework, and (4) identifying and recommending a role for the Federal government in setting standards for, developing, and/or providing a generalized knowledge representation framework for clinical decision making processes.

SubTask 20.2 Review the plan with AHRQ, HHS, and standards and health experts in other organizations. Define and resolve what specific topics should be addressed, added or deleted in the evaluation phase, and what topics should be addressed in a report of findings and recommendations. Modify and finalize the plan, as appropriate and needed. Begin execution of the approved plan by 14 weeks of EDOC. The final report shall be delivered by the end of FY-05.

SubTask 20.3 Setup and conduct any conference calls or meetings needed to review issues, gather information, and prepare recommendations for the final report.

SubTask 20.4 Develop a presentation on this subject for delivery and discussion during the HITRC annual conference.

SubTask 20.5 Provide a draft of the final report to AHRQ by August 1, 2005. Review the draft report with AHRQ, HHS and others designated by AHRQ and HHS, and incorporate any recommended changes into the final report. Deliver a final report of findings and recommendations by September 30, 2005.

Task 21. Establish and Support a Community of Practice to Facilitate Development of Local Health Information Infrastructures

SubTask 21.1 Meet with AHRQ and HHS by 12 weeks of EDOC to provide, present, and discuss a plan for establishing a Community of Practice (CoP) to facilitate development of Local Health Information Infrastructures (LHIIs). Define the objectives, work processes, time frames, priorities and expected outcomes of the LHII CoP. (The term CoP refers to an interest group of experts formed to share ideas, collaborate, discuss best practices, and synthesize experiences, to help resolve or address a shared set of problems or topic.

SubTask 21.2 Review the plan with AHRQ, HHS, and experts in other organizations. Modify and finalize the plan, and begin execution of the approved plan by 14 weeks of EDOC.

SubTask 21.3 Review and assess progress and status of current LHIIs. Recommend approximately 9 initial members to participate in the LHII CoP from the public, private and community health care sectors. Members should have appropriate experience in community and regional health networks, informatics, organizational behavior, and other needed expertise. Collaborate with the HHS National Health IT Coordinator office to recommend, select, add, change, and approve CoP membership.

SubTask 21.4 Setup and facilitate CoP workgroup meetings, web-conferences, and/or conference calls, as needed, to discuss, define and document a model of practice for LHIIs, and also to identify and document key policies, standards, core functions, definitions, performance measures, problems, and issues, that need to be resolved, to establish cost-effective LHIIs and related concepts.

SubTask 21.5 Setup and conduct a one day conference track, within the annual HITRC conference, to engage debate and discussion among the LHII CoP members, HIT grantees, projects and others on LHIIs and related concepts and recommendations.

SubTask 21.6 Prepare an annual report of findings and recommendations from the activities of the LHIIs CoP workgroup meetings, LHII conference track of the HITRC annual meeting, and other efforts performed under this task. Deliver a draft annual report by August 1 to the HHS Office of the National Health IT Coordinator and AHRQ. Incorporate changes and recommendations, and deliver the final annual report by September 30 to the National Health IT Coordinator and AHRQ.

SubTask 21.7 Identify, propose and get approval for any follow-on LHII CoP annual efforts from HHS and AHRQ. The need for any follow-on efforts will be based on HHS HIT objectives, as well as the lessons learned, knowledge transferred, and recommendations of the LHII CoP to date. Follow on tasks might include: (1) further definition of the model; (2) development of performance, validity and reliability measures and tools; (3) pilot tests to operationalize the model; (4) policy statements and business case justification for the model; (5) additional collaboration workgroups and conferences; (6) white papers; and (7) other knowledge transfer, dissemination, diffusion and adoption activities, for approved concepts and solutions.

E. Option Years

While the required tasks of the HITRC have a projected time line of 24 months, offerors should be prepared to extend the work period for up to three additional (optional) 12 month periods. The specific requirements for each of the one year options continue the work begun in the initial 24 months of the contract, and include, but are not limited to:

1. Continue providing support, services and task deliverables for all HIT grantees, projects, and HITRC initiatives and efforts, described in sections D, which are ongoing at end of the initial 24 months, or ongoing at the end of an option year.

2. Submit by 4 weeks from the EDOC for each option year a plan for supporting all HITRC on-going initiatives and projects (continuing at end of the 24 month period, or at the end of an option year, if an option has already been exercised), and identify specific requirements for continued support of these initiatives and projects.

3. Submit an updated and expanded list of technical experts/consultants available to visit and consult with selected grantees and projects on areas of critical need for the network's development.

4. Continue to perform periodic needs assessments and efforts described in Task 4. Perform needs assessments of additional HIT grantees and projects, utilizing the approved process/strategy. For planning purposes, assume assessments of up to 30 "new" grantees and projects per year. Also assume that the assessment process could include up to 6 site visits per year. Submit to Project Officer a report detailing the results of the HIT grantee and project needs assessments, which should include a prioritized list of technical, consultative or other resources of greatest value to each grantee.

5. Continue to provide experts to perform initial visits and consulting with selected grantees and projects, as described in Task 5.

6. Continue to evaluate the effectiveness of consultative and technical assistance, as described in Task 6.

7. Continue to provide a wide-range of on-going technical assistance and support to the HIT grantees and other HIT project initiatives, as described in Task 7.

8. Continue to provide HIT grantee and project monitoring support, as described in Task 8.

9. Continue to prepare and maintain content and tools for a HIT Information and knowledge management repository and extranet to support HITRC functions and users, as described in Task 9.

10. Continue to maintain and support an extranet website and other tools needed for effective communication, collaboration, and information sharing and knowledge management, as described in Task 10.

11. Continue to manage and support an HIT steering committee and their meetings and recommendations, as described in Task 11.

12. Continue to provide for sharing and coordination of HIT patient safety related grants and project information and outcomes with other patient safety programs and information within AHRQ, as described in Task 12.

13. Continue to plan and implement HIT annual conferences and meetings, as described in Task 13.

14. Continue to prepare and disseminate information on HIT grant and project activities and results, as described in Task 14.

15. Continue to coordinate with the statewide and regional IT data interoperability demonstration projects awarded by AHRQ, as described in Task 15.

16. Continue to provide GPRA measures, assessment and evaluation information and reports for HIT Portfolio, as described in Task 16.

17. Continue to provide a monthly progress report and final report (at the end of each contract option year), as described in Task 17.

18. Continue to support the HIT Electronic Health Record (EHR) collaborative efforts among the federally supported Health Centers (HC) and IHS sites, as described in Task 18.

19. Continue to provide HIT recommendations, concepts, proposals, demonstrations, evaluations, workgroup collaborations, white papers, pilots, solutions and visionary approaches, as described in Task 19.

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4. Evans RS, Classen DC, Pestotnik SL, Clemmer TP, Weaver LK, Burke JP. A decision support tool for antibiotic therapy. In: Gardner RM, ed. Proceedings from the Nineteenth Annual Symposium on Computer Applications in Medical Care. Philadelphia, PA: Hanley and Belfus; 1995:651-55.

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6. Overhage JM, Tierney WM, Zhou XH, McDonald CJ. A randomized trial of "corollary orders" to prevent errors of omission. JAMIA. 1997;4:364-75.

7. Bates DW, Leape LL, Cullen DJ, Laird N, Peterson LA, Teich JM, et al. Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. JAMA. 1998;280:1311-16.

8. Hunt DL, Haynes RB, Hanna SE, Smith K. Effects of computer-based clinical decision support systems on physician performance and patient outcomes. JAMA. 1998;280:1339-45.

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. Also, the full text of a clause may be accessed electronically at this address: www.arnet.gov/far

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 be from September 30, 2004 through September 29, 2006 (with three one-year options).

F.3 DELIVERY SCHEDULE

The items specified for delivery below are subject to the review and approval of the Project Officer before final acceptance. The Contractor shall be required to make revisions deemed necessary by the Project Officer.

The Contractor shall produce the following scheduled reports/deliverables in the amount, and within the time frame indicated. Deliverables shall be submitted to the Project Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850. Draft deliverables are those submitted to the Project Officer for review. Final deliverables are those incorporating changes requested by the Project Officer.

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

F.3 SCHEDULE OF DELIVERABLES

Item	Description (Base Contract)	Quantity	Delivery
1	Meet with Project Officer in Rockville (Task #1)	n/a	Within 2 weeks of Effective Date of Contract (EDOC)
*2	Submit process, strategy and work plan to execute all contract tasks. (SubTask 2.1) Submit detailed plan for providing technical assistance (SubTask 2.2) Submit criteria for prioritizing resource needs and support (SubTask 2.3) Submit plan for adjusting resource levels as needed to support users (SubTask 2.4)	4 copies and 1 electronic	Within 4 weeks of EDOC
3	Perform assessment of HIT grantee and project needs. (Task #3)	4 copies and 1 electronic	Within 10 weeks of EDOC

4	Submit report detailing the results of the initial needs assessments of all the HIT grantees and projects. (SubTask 4.1)	4 copies and 1 electronic	Within 12 weeks of EDOC
5	Submit semi-annual report of needs assessment of HIT grantees and projects. (SubTask 4.2)	4 copies and 1 electronic	Semi-Annually
6	Submit list of HIT experts and identify availability for visits. (SubTask 5.1)	4 copies and 1 electronic	Within 12 weeks of EDOC
7	Begin deployment of experts and technical assistants to visit grantees and projects. (SubTask 5.5)	4 copies and 1 electronic	Within 14 weeks of EDOC
8	Submit report of initial findings and recommendations from visits or consults with users. (SubTask 5.6)	4 copies and 1 electronic	Within 4 weeks from completion of a visit.
9	Submit evaluation report for each re-assessment performed after 3 months from initial assistance and visits. (SubTask 6.2)	4 copies and 1 electronic	Within 2 weeks after completion of the 3 month reassessment of initial consult or visit.
*10	Submit annual report assessing impact and effectiveness of all resources provided to date to HIT grantees and others projects. (SubTask 6.2)	4 copies and 1 electronic	Annual (end of each FY).
11	Submit a report of any recommendations to modify projects, based on monitoring activities. (SubTask 8.3)	4 copies and 1 electronic	Monthly

12	Submit reports of progress and accomplishments of grantees and projects, based on monitoring activities. (SubTask 8.3)	4 copies and 1 electronic	Monthly and Annual (end of each FY).
13	Update and maintain the HIT information repository, knowledge management database, collaboration tools, and other extranet capabilities and content.(SubTask 9.31)	Electronic (extranet)	Daily, Weekly, and Monthly
14	Provide a web-conferencing subscription service. (SubTask 9.27)	Service and Licenses	3 months of EDOC
15	Provide HITRC newsletters and research activity reports. (SubTasks 9.21 and 9.23)	4 copies and 1 electronic	Monthly
16	Deliver and begin operations, training and support of the extranet. (SubTask 10.10)	Electronic (extranet)	12 weeks of EDOC
17	Provide monthly reports of extranet usage. (SubTask 10.17)	4 copies and 1 electronic	Monthly
18	Conduct Steering Committee meetings and provide report of deliberations and recommendations. (SubTask 11.6)	4 copies and 1 electronic	First meeting 18 weeks from EDOC; semi-annual meetings thereafter. Report delivered 1 month after each meeting.

19	Coordinate with and provide information to the PSRCC. (SubTask 12.2)	Electronic files	Monthly or Quarterly
20	Provide reports and files from the annual meeting for HIT grantees and projects, (SubTask 13.7)	4 copies and electronic files	1 Month after annual meeting.
21	Provide a monthly report of dissemination and knowledge transfer activities. (SubTask 14.11)	4 copies and 1 electronic	Monthly
22	Prepare and deliver a report of support, assistance, knowledge transfer, information sharing and collaborative efforts performed regarding the State IT demonstration projects. (SubTask 15.5)	4 copies and 1 electronic	Monthly
*23	Provide a draft and final report of the evaluation of the HIT portfolio, and impact of the HITRC resources. (Task 16)	4 copies and 1 electronic	Annual
*24	Provide Monthly Progress Report of contract efforts. (SubTask 17.1)	4 copies and 1 electronic	Monthly
*25	Provide Draft and Final Report of contract efforts. (SubTask 17.3)	4 copies and 1 electronic	24 Months of EDOC (draft report 1 month in advance of final report)
26	Provide a monthly report of the EHR collaborative efforts for HCs and IHS. (SubTask 18.4)	4 copies and 1 electronic	Monthly

27	Provide a written proposal of suggested HIT topics for developing white papers, seminars, workgroups, demonstrations or other deliverables; review and discuss alternatives and resource allocation issues; and provide agreed to deliverables. (Task 19)	4 copies and 1 electronic	Initial Planning Meeting 14 weeks of EDOC. Semi-annual planning meeting Annual Deliverables (or at the time agreed to for each HIT topic).
28	Provide a Report with Recommendations for Knowledge Representation Standards and Approaches to Support Clinical Decision Making Processes. (Task 20)	4 copies and 1 electronic	Initial Planning Meeting 10 weeks of EDOC. Begin efforts by 14 weeks of EDOC Deliver draft report by August 1, 2005. Deliver final report by end of September, 2005.
29	Establish and Support a Community of Practice to Facilitate Development of Local Health Information Infrastructures. (Task 21)	4 copies and 1 electronic	Initial Planning Meeting 12 weeks of EDOC. Begin efforts by 14 weeks of EDOC Deliver “draft” annual report by August 1. Deliver “final” annual report by end of September.

30	Provide a Wide-Range of On-going Technical Assistance and Support to the HIT grantees and other HIT project initiatives. (Task 7)	n/a	On-going assistance and support to users

	Delivery Schedule for each of the 3 One-Year Options		
Item	**Description**	**Quantity**	**Delivery**
1-OP	Submit semi-annual report of needs assessment of HIT grantees and projects. (SubTask 4.2)	4 copies and 1 electronic	Semi-Annually
2-OP	Submit revised list of HIT experts and identify availability for visits. (SubTask 5.1)	4 copies and 1 electronic	Within 12 weeks of EDOC option year
3-OP	Submit report of initial findings and recommendations from visits or consults with users. (SubTask 5.6)	4 copies and 1 electronic	Within 4 weeks from completion of a visit.
4-OP	Submit evaluation report for each re-assessment performed after 3 months from initial assistance and visits. (SubTask 6.2)	4 copies and 1 electronic	Within 2 weeks after completion of the 3 month reassessment of initial consult or visit.
5-OP	Submit annual report assessing impact and effectiveness of all resources provided to date to HIT grantees and others projects. (SubTask 6.2)	4 copies and 1 electronic	Annual (end of each FY).

6-OP	Submit a report of any recommendations to modify projects, based on monitoring activities. (SubTask 8.3)	4 copies and 1 electronic	Monthly
7-OP	Submit reports of progress and accomplishments of grantees and projects, based on monitoring activities. (SubTask 8.3)	4 copies and 1 electronic	Monthly and Annual (end of each FY).
8-OP	Update and maintain the HIT information repository, knowledge management database, collaboration tools, and other extranet capabilities and content.(SubTask 9.31)	Electronic (extranet)	Daily, Weekly, and Monthly
9-OP	Provide HITRC newsletters and research activity reports. (SubTasks 9.21 and 9.23)	4 copies and 1 electronic	Monthly
10-OP	Provide monthly reports of extranet usage. (SubTask 10.17)	4 copies and 1 electronic	Monthly
11-OP	Conduct Steering Committee meetings and provide report of deliberations and recommendations. (SubTask 11.6)	4 copies and 1 electronic	Semi-annual meetings. Report delivered 1 month after each meeting.
12-OP	Coordinate with and provide information to the PSRCC. (SubTask 12.2)	Electronic files	Monthly or Quarterly

13-OP	Provide reports and files from the annual meeting for HIT grantees and projects, (SubTask 13.7)	4 copies and electronic files	1 Month after annual meeting.
14-OP	Provide a monthly report of dissemination and knowledge transfer activities. (SubTask 14.11)	4 copies and 1 electronic	Monthly
15-OP	Prepare and deliver a report of support, assistance, knowledge transfer, information sharing and collaborative efforts performed regarding the State IT demonstration projects. (SubTask 15.5)	4 copies and 1 electronic	Monthly
16-OP	Provide a draft and final report of the evaluation of the HIT portfolio, and impact of the HITRC resources. (Task 16)	4 copies and 1 electronic	Annual
*17-OP	Provide Monthly Progress Report of contract efforts. (SubTask 17.1)	4 copies and 1 electronic	Monthly
*18-OP	Provide Draft and Final Report of contract efforts. (SubTask 17.3)	4 copies and 1 electronic	Final Report at Completion of Option Year (draft report 1 month in advance of final report)
19-OP	Provide a monthly report of the EHR collaborative efforts for HCs and IHS. (SubTask 18.4)	4 copies and 1 electronic	Monthly

20-OP	Provide a written proposal of suggested HIT topics for developing white papers, seminars, workgroups, demonstrations or other deliverables; review and discuss alternatives and resource allocation issues; and provide agreed to deliverables. (Task 19)	4 copies and 1 electronic	Semi-annual planning meeting Annual Deliverables (or at the time agreed to for each HIT topic).
21-OP	Establish and Support a Community of Practice to Facilitate Development of Local Health Information Infrastructures. Perform any approved follow-on tasks. (Task 21)	4 copies and 1 electronic	Deliver “draft” annual report by August 1. Deliver “final” annual report by end of September.
22-OP	Provide a Wide-Range of On-going Technical Assistance and Support to the HIT grantees and other HIT project initiatives. (Task 7)	n/a	On-going assistance and support to users

The Contractor shall directly provide one copy of each deliverable marked with an asterisk above, including the monthly progress reports and final reports, to the AHRQ Contracting Officer at the following address:

Agency for Healthcare Research and Quality

ATTN: Sharon Williams, Contracting Officer

Division of Contracts Management

540 Gaither Road

Rockville, MD 20850

The following reports are required to be submitted to the Contracting Officer:

Type of Report	Quantity	Date Due
Subcontracting Report for Individual Contracts (SF-294)	3 each (1 original and 2 copies)	April 30 (annually) October 30 (annually)
Summary Subcontractor Report (SF-295)	1 copy to the Office of Small and Disadvantaged Business Utilization (DHHS)	October 30 (annually)
Small Disadvantaged Business Participation Report (OF-312)	3 each (1 original and 2 copies)	At completion of contract

SECTION G - CONTRACT ADMINISTRATION DATA

G.1 KEY PERSONNEL

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

NAME TITLE

(TO BE COMPLETED AT TIME OF CONTRACT AWARD)

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

G.2 PROJECT OFFICER

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

(TO BE COMPLETED AT TIME OF CONTRACT AWARD)

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

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

The Government may unilaterally change its Project Officer designation.

G.3 INVOICE SUBMISSION

a. INVOICE SUBMISSION

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

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

G.4 INFORMATION ON VOUCHERS

(1) The Contractor agrees 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, labor rate, 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); and

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

(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

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 RESTRICTIONS ON PUBLICATION AND DISSEMINATION OF MATERIAL DERIVED FROM WORK PERFORMED UNDER THIS CONTRACT

Section 903(c) of the Public Health Service Act (PHS Act), 42 U.S.C. 299a-1, 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."

To ensure compliance with these requirements and to fulfill the mandate of 923(b)(1) of the PHS Act, 42 U.S.C. 299c-2(b)(1), to assure that statistics developed with AHRQ support are of high quality, comprehensive, timely, and adequately analyzed, except as otherwise provided in this contract, the Agency for Healthcare Research and Quality (AHRQ) must, prior to dissemination by the contractor, review all reports, presentations, or other disclosures that contain information, statistics, analytical material, or any other material, which is based on or derived from work performed under this contract. Accordingly:

(a) Except as provided in H.2(c), (e), and H.2(d), the contractor will not publish, have published, or otherwise disseminate any material resulting or derived from the work performed for AHRQ-funded research, except in

accordance with the terms or conditions required by the Project Officer or until AHRQ has published the results of the research.

(b) AHRQ will, within three months of the receipt of any proposed publication, presentation, or any other disclosure of materials derived from information collected or produced for a particular task order, use best effort to review the proposed report, presentation, or other text to assure that (1) identifiable information is being used for the purpose for which it was supplied; (2) the privacy of individuals supplying the information or described in it is not violated; and (3) the quality of statistical work meets the statutory standards cited above.

(c) Except as provided in H.2(e)***,*** in the event no written conditions or approval are received from the Project Officer by the end of the three month period following submission of a request (that is accompanied by the proposed text) 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 material derived from work performed under this contract, the following disclaimer:

"THIS REPORT ***(or other appropriate description of publication)*** HAS NOT BEEN APPROVED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY"

(d) Whether or not written approval of the Project Officer is received, the contractor must:

- print the following statement prominently on written reports or other forms of recorded data derived from work performed under this contract which is to be released; or

- preceding any presentation or other oral disclosure of such material make the following statement:

  "IDENTIFIABLE INFORMATION ON WHICH THIS REPORT, PRESENTATION, OR OTHER FORM OF DISCLOSURE IS BASED, IS CONFIDENTIAL AND PROTECTED BY FEDERAL LAW, SECTION 903(c) OF THE PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 299a-1(c). ANY IDENTIFIABLE INFORMATION THAT IS KNOWINGLY DISCLOSED IS DISCLOSED SOLELY FOR THE PURPOSE FOR WHICH IT HAS BEEN SUPPLIED. NO IDENTIFIABLE INFORMATION ABOUT ANY INDIVIDUAL SUPPLYING THE INFORMATION OR DESCRIBED IN IT WILL BE KNOWINGLY DISCLOSED EXCEPT WITH THE PRIOR CONSENT OF THAT INDIVIDUAL."

(e) In cases where the Contracting Officer has given written notice that the Government intends to retain all rights in any particular data produced under this contract, the contractor shall have no right without prior written permission of the Contracting Officer to publish any of those data or analyses based on those data, depending on the scope of the Contracting Officer's notice.

(f) Whenever data or analyses are to be developed by a subcontractor under this contract, the contractor must include the terms of H.2.(a), (b), (c), (d) and (e) in the subcontract, without substantive alteration, and with a prohibition on the subcontractor engaging in further assignment of its obligations to the contractor. No clause may be included to diminish the Government's restriction on publication and dissemination of work or material derived from work performed under this contract.

H.2 DEBARMENT

Violation of the special provisions of this contract entitled **RESTRICTIONS ON PUBLICATION AND DISSEMINATION OF MATERIAL DERIVED FROM WORK PERFORMED UNDER THIS CONTRACT, and RIGHTS IN DATA - SPECIAL WORKS** will be viewed as a serious violation of the terms of this contract as the requirements in this provision reflect AHRQ statutory obligations and responsibilities. Such violations, as well as other violations, of the contract terms which are deemed serious, could result in the initiation of debarment proceedings in accordance with the Federal Acquisition Regulations and the Department of Health and Human Services implementing regulations.

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 and H.3. 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 CAP GUIDE NOTICE

Pursuant to P.L. 108-199, no Fiscal Year 2004(October 1, 2003 - September 30, 2004) funds may be used to pay the direct salary of an individual through this contract at a rate in excess of the direct salary rate for Executive Level I of the Federal Executive Pay Scale. That rate is $175,700 per year for the period of January 1, 2004 through December 31, 2004. Direct salary is exclusive of overhead, fringe benefits, and general and administrative expenses. The salary limit also applies to individuals proposed under subcontracts. If this is a multi-year contract, it may be subject to unilateral modifications by the Government if any salary rate ceilings are established in future DHHS appropriation acts. P.L. 108-199 states in pertinent part:

> None of the funds appropriated in this Act for the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level I.

Contractors shall absorb that portion of an employee's salary (plus the dollar amount for fringe benefits and indirect costs associated with the excess) that exceeds a rate of $175,700 a year.

H.7 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, thirty (30 calendar days of contract award.SF-85 Questionnaire for Non-Sensitive Positions

HHS Credit Release (Attachment Number 3)

OF-306 Declaration for Federal Employment

Current resume

Note: Forms are available at: http://www.gsa.gov/Portal/formslibrary.jsp

Within thirty (30) days of 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) and will be arranged by AHRQ.

H.8 ELIGIBILITY STATEMENT

Principal Investigators of grants awarded under the RFAs listed below are ineligible to participate as part of a Health Information Technology Resource Center (HITRC) proposal or contract:

RFA HS-04-012 Demonstrating the Value of Health Information Technology

RFA HS-04-011 Transforming Healthcare Quality through Information Technology (THQIT) – Implementation Grants

RFA HS-04-0010 Transforming Healthcare Quality through Information Technology (THQIT) – Planning Grants

Organizations and agencies (including their subcontractors) being awarded grant(s) under the above listed RFAs may be a prime or subcontractor on a HITRC proposal or contract.

PART II - CONTRACT CLAUSES

(05/04-DCM)
(FAC 2001-23)

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 (Jul 1995)
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 (JUN 2003)
52.204-4	Printing or Copying Double-Sided on Recycled Paper (AUG 2000)
52.204-7	Central Contractor Registration. (OCT 2003)
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (JUL 1995)
52.215-2	Audit and Records - Negotiation (JUN 1999)
52.215-8	Order of Precedence-Uniform Contract Format (Oct 1997)

52.215-10	Price Reduction for Defective Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-12	Subcontractor Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-15	Pension Adjustments and Asset Reversions (JAN 2004)
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions (OCT 1997)
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)
52.217-2	Cancellation Under Multiyear Contracts (OCT 1997)
52.217-8	Option to Extend Services (NOV 1999)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-9	Small Business Subcontracting Plan (JAN 2002) (Applicable to contracts over $500,000)
52.219-16	Liquidated Damages - Subcontracting Plan (JAN 1999)
52.219-25	Small Disadvantaged Business Participation Programs—Disadvantaged Status and reporting (OCT 1999)
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. (DEC 2001)
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. (DEC 2001)
52.223-6	Drug Free Workplace (MAY 2001)

52.223-14	Toxic Chemical Release Reporting (AUG 2003)
52.224-1	Privacy Act Notification (APRIL 1984)
52.224-2	Privacy Act (APRIL 1984)
52.225-1	Buy American Act - Supplies (JUNE 2003)
52.225-13	Restrictions on Certain Foreign Purchases (DEC 2003)
52.227-1	Authorization and Consent (JULY 1995)
52.227-2	Notice and Assistance Regarding Patent and Copy-Right Infringement (AUG 1996)
52.227-3	Patent Indemnity (APRIL 1984)
52.227-14	Rights in Data - General (JUNE 1987)
52.228-7	Insurance-Liability to Third Persons (MAR 1996)
52.230-2	Cost Accounting Standards (APR 1998)
52.230-3	Disclosure and Consistency of Cost Accounting Practices (APR 1998)
52.230-6	Administration of Cost Accounting Standards (NOV 1999)
52.232-9	Limitation on Withholding of Payments (APRIL 1984)
52.232-17	Interest (JUNE 1996)
52.232-20	Limitation of Cost (APR 1984)
52.232-22	Limitation of Funds (APR 1984)
52.232-23	Assignment of Claims (JAN 1986)
52.232-25	Prompt Payment (OCT 2003)
52.233-1	Disputes (JULY 2002)
52.233-3	Protest After Award (AUG 1996) Alternate I (JUNE 1985)
52.237-10	Identification of Uncompensated Overtime (Oct 1997)
52.232-33	Payment by Electronic Funds Transfer Central Contractor Registration (Oct 2003)

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 (AUGUST 1998)
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 2001)
352.242-71	Final Decisions on Audit Findings (APRIL 1984)
352.228-7	Insurance - Liability to Third Persons (DEC 1991)

352.232-9	Withholding of Contract Payments (APRIL 1984)
352.233-70	Litigation and Claims (APR 1984)
352.224-70	Confidentiality of Information (APRIL 1984)
352.270-1	Accessibility of Meetings, Conferences, and Seminars to Persons With Disabilities (JAN 2001)
352.270-6	Publication and Publicity (JUL 1991)
352.270-7	Paperwork Reduction Act (JAN 2001)

KEY PERSONNEL (APRIL 1984) (HHSAR 352.270-5)

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

(End of clause)

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	4
3.	HHS Credit Release Form	1
4.	Small and Small Disadvantaged Business Subcontracting Plan	9
5.	Proposal Intent Form	1

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

PART IV. REPRESENTATIONS AND INSTRUCTIONS
SECTION K

REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

K.1	HHSAR 315.204-5	Representations and Instructions
K.2	FAR 52.203-2	Certification of Independent Price Determination (APRIL 1985)
K.3	FAR 52.203-11	Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions (APR 1991)
K.4	FAR 52.204-3	Taxpayer Identification (OCT 1998)
K.5	FAR 52.204-5	Women-Owned Business Other than Small Business (May 1999)
K.6	FAR 52.209-5	Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (DEC 2001)
K.7	FAR 52.215-6	Place of Performance (OCT 1997)
K.8	FAR 52.219-1	Small Business Program Representations (MAY 2004)
K.9	FAR 52.222-21	Prohibition of Segregated Facilities (FEB 1999)
K.10	FAR 52.222-22	Previous Contracts and Compliance Reports (FEB 1999)
K.11	FAR 52.222-25	Affirmative Action Compliance(APRIL 1984)
K.12	FAR 52.223-13	Certification of Toxic Chemical Release Reporting (AUG 2003)
K.13	FAR 52.225-2	Buy American Act - Certificate (JUNE 2003)
K.14	FAR 52.226-2	Historically Black College or University and Minority Institution Representation (MAY 2001)
K.15	FAR 52.230-1	Cost Accounting Standards Notice and Certification (JUNE 2000)

K.16	FAR 15.406-2	Certificate of Current Cost and Pricing Data
K.17	P.L. 103-227	Certification Regarding Environmental Tobacco Smoke Use for Full and Open Competition
	52.219-22	Small Disadvantaged Business Status (Oct 1999) Alternate I (Oct 1998) **(Use only if price evaluation is being used)**

K.l 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 CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (APR 1985) (FAR 52.203-2)

(a) The offeror certifies that--

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to (i) those prices, (ii) the intention to submit an offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory--

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2)(i) Has been authorized, in writing, to act as an agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.
[Insert full name of person(s) in the offeror's organization responsible for determining the prices offered in the bid or proposal, and the title of his or her position in the offeror's organization];

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the offeror deletes or modifies subparagraph (a)(2) above, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

(End of provision)

K.3 CERTIFICATION AND DISCLOSURE REGARDING PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS (APR 1991) (FAR 52.203-11)

(a) The definitions and prohibitions contained in the clause at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989,--

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a

Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB Standard Form-LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of $100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

(End of provision)

K.4 TAXPAYER IDENTIFICATION
(FAR 52.204-3) (OCT 1998)

(a) Definitions:

"Common parent," as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

"Taxpayer Identification Number (TIN)," as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may either be a Social Security Number or an Employer Identification Number.

(b) All offerors are required to submit the information required in paragraph (d) through (f) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

( ) TIN:
( ) TIN has been applied for.
( ) TIN is not required because:
( ) Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have an income effectively connected with the conduct of a trade or business in the United States (U.S.) and does not have an office or place of business or a fiscal paying agent in the U.S.;
( ) Offeror is an agency or instrumentality of a foreign government;
( ) Offeror is an agency or instrumentality of a Federal, state, or local government.

(e) Type of organization.

( ) Sole proprietorship;
( ) Partnership;
( ) Corporate entity (not tax-exempt);
( ) Corporate entity (tax-exempt);
( ) Government entity (Federal, State, or local);
( ) Foreign government;
( ) International organization per 26 CFR 1.6049-4;
( ) Other_____.

(f) Common Parent.

( ) Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this clause.
( ) Name and TIN of common parent:
Name
TIN

(End of provision)

K.5 WOMEN-OWNED BUSINESS(Other Than Small Business
(MAY 1999) (FAR 52.204-5)

(a) Definition. "Women-owned business concern," as used in this provision, means a concern that is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

(b) Representation.[*Complete only if the offeror is a women-owned business concern and has not represented itself as a small business concern in paragraph (b)(1) of FAR 52.219-1, Small Business Program Representations, of this solicitation.]* The offeror represents that it is [ ] is not [ ] a women-owned business concern. (End of Provision)

K.6 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS (DEC 2001) (FAR 52.209-5)

(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 the three-year period preceding this offer, been convicted of or had a civil judgement rendered against them for: commission of fraud of 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 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 subdivision (a)(l)(i)(B) of this provision; and

(D) Have[ ] have not [ ], within a three-year period preceding this offer, been convicted of or had a civil judgement 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, or receiving stolen property; and

(E) 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 subdivision (a)(1)(i)(D) of this provision.

(ii) (A)The Offeror, aside from the offenses enumerated in paragraphs (a)(1)(i)(A),(B), and (C) of this provision, has [ ] has not [ ], within the past three-year, relative to tax, labor and employment, environmental, antitrust, or consumer protection laws -

(1) Been convicted of a Federal or State felony (or has any Federal or State felony indictments currently pending against them); or

(2) Had a Federal court judgement in a civil case brought by the United States rendered against them; or

(3) Had an adverse decision by a Federal administrative law judge, board, or commission indicating a willful violation of law.

(B) If the offeror has responded affirmatively, the offeror shall provide additional information if requested by the Contracting Officer; and

(iii) 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) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons 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 MAKE 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.7 PLACE OF PERFORMANCE
(OCT 1997) (FAR 52.215-6)

(a) The offeror or respondent, in the performance of any contract resulting from this solicitation, [ ] intends, [ ] does not intend (check applicable box) to use one or more plants or facilities located at a different address from the address of the offeror or respondent as indicated in this proposal or response to request for information.

(b) If the offeror or respondent checks "intends" in paragraph (a) of this provision, it shall insert in the following spaces required information:

Place of Performance (Street Name and Address of Owner Address, City, County State, and Operator of the Plant Zip Code) or Facility if Other than Offeror or respondent

_____ _____

(End of provision)

K.8 SMALL BUSINESS PROGRAM REPRESENTATIONS
(APR 2002) (FAR 52.219-1)

(a) (1) The North American Industry Classification System (NAICS) code for this acquisition is 541611.

(2) The small business size standard is _$6 million_.

(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) Representations.

(1) The offeror represents as part of its offer that it [ ] is, [ ] is not a small business concern.

(2) [Complete only if offeror represented itself as a small business concern in block (b)(1) of this provision.]
The offeror represents, for general statistical purposes that it [ ] is [ ] is not a small disadvantaged business concern as defined in 13 CFR 124.1002.

(3) [Complete only if offeror represented itself as a small business concern in block (b)(1) of this section.]
The offeror represents as part of its offer that it [ ] is [ ] is not a women-owned small business concern.

(4) (Complete only if the offeror represented itself as a small business concern in paragraph (b) (1) of this provision.) The offeror represent as part of its offer that it [] is, [] is not a veteran-owned small business concern.

(5) (Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b) (4) of this provision.) The offeror repesents as part of its offer that it [] is, [] is not a service-disable veteran-owned small business concern.

(6) (Complete only if the offeror represented itself as a small business concern in paragraph (b) (1) of this provision.) The offeror represents, as part of its offer, that-

(i) It ( ) is ( ) is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It ( ) is ( ) is not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (b)(6)(i) of this provision is in accurate for the HUBZone small business concern or concerns that are participating in the joint venture. (The offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture

_____

_____

Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(7) (Complete if offeror represented itself as disadvantaged in paragraph (b)(2) of this provision.) The offeror shall check the category in which its ownership falls:

_____ Black American
_____ Hispanic American
_____ Native American (American Indians, Eskimos, Aleuts, or Native Hawaii
_____ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Phillipines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
_____ Subcontinent Asian (Asaian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).
_____ Individual/concern, other than one of the preceding.

(c) Definitions. As used in this provision -

Service-disabled veteran-owned small business concern-

(1) Means a small business concern -

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service connected, as defined in 38 U.S.C. 101(16).

Small business concern, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR Part 121 and the size standard in paragraph (a) of this provision.

Veteran-owned small business concern, means a small business concern -

(1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and

(2) The management and daily business operations of which are controlled by one or more veterans.

Women-owned small business concern, means a small business concern --

(1) That is at least 51 percent owned by one or more women or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
(2) Whose management and daily business operations are controlled by one or more women.

(d) Notice.
(1) If this solicitation is for supplies and has been set aside, in whole or in part, for small business concerns, then the clause in this solicitation providing notice of the set-aside contains restrictions on the source of the end items to be furnished.

(2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to sections 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall
(i) be punished by imposition of a fine, imprisonment, or both;
(ii) be subject to administrative remedies, including suspension and debarment; and
(iii) be ineligible for participation in programs conducted under the authority of the Act.

(End of Provision)

K.9 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.10 PREVIOUS CONTRACTS AND COMPLIANCE REPORTS (FEB 1999) (FAR 52.222-22)

The offeror represents that--

(a) It [ ] has, [ ] has not participated in a previous contract or subcontract subject either to the Equal Opportunity clause of this solicitation;

(b) It [ ] has, [ ] has not filed all required compliance reports; and

(c) Representations indicating submission of required compliance reports, signed by proposed subcontractors, will be obtained before subcontract awards.

(End of provision)

K.11 AFFIRMATIVE ACTION COMPLIANCE (APR 1984) (FAR 52.222-25)

The offeror represents that--

(a) It [ ] has developed and has on file, [ ] has not developed and does not have on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (4) CFR 60-1 and 60-2,

or

(b) It [ ] has not previously had contracts subject to the written affirmative action programs requirements of the rules and regulations of the Secretary of Labor.

(End of provision)

K.12 CERTIFICATION OF TOXIC CHEMICAL RELEASE REPORTING (AUG 2003) (FAR 52.223-13)

(a) Executive Order 13148, of April 21, 2000, Greening the Government through Leadership in Environmental Management, requires submission of this certification as a prerequisite for contract award.

(b) By signing this offer, the offeror certifies that -

(1) As the owner or operator of facilities that will be used in the performance of this contract that are subject to the filing and reporting requirements described in section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 U.S.C. 11023) and section 6607 of the Pollution Prevention Act of 1990 (PPA)

(42 U.S.C. 13106), the offeror will file and continue to file for such facilities for the life of the contract the Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of EPCRA and section 6607 of PPA; or

(2) None of its owned or operated facilities to be used in the performance of this contract is subject to the Form R filing and reporting requirements because each such facility is exempt for at least one of the following reasons: (Check each block that is applicable.)

[ ] (i) The facility does not manufacture, process, or otherwise use any toxic chemicals listed in 40 CFR 372.65;

[ ] (ii) the facility does not have 10 or more full-time employees as specified in section 313(b)(1)(A) of EPCRA, 42 U.S.C. 11023(b)(1)(A).

[ ] (iii) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA).

[ ] (iv) The facility does not fall within Standard Industrial Classification Codes (SIC) or their corresponding North American Industry Classification System sectors:

(A) Major group code 10 (except 1011,1081 and 1094).
(B) Major group codes 12 (except 1241).
(C) Major group codes 20 through 39.
(D) Industry code 4911, 4931, or 4939 (limited to facilities that combust coal and/or oil for the purpose of generating power for distribution in commerce).
(E) Industry code 4953 (limited to facilities regulated under the Resource Conservation and Recovery Act, Subtitle C (42 U.S.C. 6921, *et seq*.), or 5169, or 5171, or 7389 (limited to facilities primarily engaged in solvent recovery services on a contract or fee basis); or

[ ] (v) The facility is not located in the United States or its outlying areas.

(End of provision)

K.13 BUY AMERICAN ACT CERTIFICATE (JUNE 2003) (FAR 52.225-2)

(a) The offeror certifies that each end product, except those listed in paragraph (b) of this provision, is a domestic end product and that the offeror has considered components of unknown origin to have been mined, produced, or manufactured outside the United States. The offeror shall list as foreign end products those end products manufactured in the United States that do not qualify as domestic end products. The terms “component,” “domestic end product,” “end product,” “foreign end product,” and “United States” are defined in the clause of this solicitation entitled “Buy American Act- Supplies.”

(b) Foreign End Products:

Line Item No. Country of Origin

(List as necessary)

(c) The Government will evaluate offers in accordance with the policies and procedures of Part 25 of the Federal Acquisition Regulation.

(End of provision)

K.14 HISTORICALLY BLACK COLLEGE OR UNIVERSITY AND MINORITY INSTITUTION REPRESENTATION (FAR 52.226-2) (MAY 2001)

(a) *Definitions.* As used in this provision-
"Historically Black College or University" means an institution determined by the Secretary of Education to meet the requirements of 34 CFR 608.2. For the Department of Defense, the National Aeronautics and Space Administration , and the Coast Guard, the term also includes any nonprofit research institution that was an integral part of such a college or university before November 14, 1986.

"Minority Institution" means an institution of higher education meeting the requirements of Section 1046(3) of the Higher Education Act of 1965 (20 U.S.C. 1076k, including a Hispanic-serving institution of higher education as defined in Section 316(b)(1) of the Act (20 U.S.C. 1101(a)).

(b) *Representation.* The offeror represents that it-
__ is ___ is not a Historically Black College or University;
__ is ___ is not a Minority Institution

(End of Provision)

K.15 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 inestimating 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 disclosebecause 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.16 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.17 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_____

Small Disadvantaged Business Status.
(Oct 1998) (FAR 52.219-22)

(a) *General.*

This provision is used to assess an offeror's small disadvantaged business status for the purpose of obtaining a benefit on this solicitation. Status as a small business and status as a small disadvantaged business for general statistical purposes is covered by the provision at FAR 52.219-1, Small Business Program Representation.
(b) *Representations.*

(1) General. The offeror represents, as part of its offer, that it is a small business under the size standard applicable to this acquisition; and either -

[](i) It has received certification by the Small Business Administration as a small disadvantaged business concern consistent with 13 CFR 124, Subpart B; and

(A) No material change in disadvantaged ownership and control has occurred since certification.

(B) Where the concern is owned by one or more disadvantaged individuals, the net worth of each individual upon whom the certification is based does not exceed $750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and

(C) It is listed, on the date of this representation, on the register of small disadvantaged business concerns maintained by the Small Business Administration; or

[] (ii) It has submitted a completed application to the Small Business Administration or a Private Certifier to be certified as a small disadvantaged business concern in accordance with 13 CFR 124, Subpart B, and a decision on that application is pending, and that no material change in disadvantaged ownership and control has occurred since its application was submitted.

(2) [] For Joint Ventures. The offeror represents, as part of its offer, that it is a joint venture that complies with the requirements at 13 CFR 124.1002(f) and that the representation in paragraph (b)(1) of this provision is accurate for the small disadvantaged business concern that is participating in the joint venture. (The offeror shall enter the name of the small disadvantaged business concern that is participating in the joint venture:_____)

(c) *Penalties and Remedies*. Anyone how misrepresents any aspect of the disadvantaged status of a concern for the purposes of securing a contract or subcontract shall -

(1) Be punished by imposition of a fine, imprisonment, or both;
(2) Be subject to administrative remedies, including suspension and debarment; and
(3) Be ineligible for participation in programs conducted under the authority of the Small Business Act.

(End of Provision)

Use Alternate I, when SDB concerns is authorized on a regional basis.

Alternate I (Oct 1998)

(3) Address. The offeror represents that its address []is, []is not in a region for which a small disadvantaged business procurement mechanism is authorized and its address has not changed since its certification as a small disadvantaged business concern or submission of its application for certification. The list of authorized small disadvantaged business procurement mechanisms and regions is posed at http://www.arnet.gov/References/sdbadjustments.htm. The offeror shall use the list in effect on the date of this solicitation. “Address,” as used in this provision, means the address of the offeror as listed on the Small Business Administrations or a Private Certifier in accordance with 13 CFR part 124, subpart B. For joint ventures, “address” refers to the address of the small disadvantaged business concern that is participating in the joint venture.

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) NUMBER (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 that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

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

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

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

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

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

(1) Unless other methods (e.g., electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

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

(i) The solicitation number;

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

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

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

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

(3) Submissions, modification, revision, and withdrawal of proposals.

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

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

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

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

(3) It is the only proposal received.

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

(iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Contract award.

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

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

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

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

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

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

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

(8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items.
Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance
poses an unacceptable risk to the Government.

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

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

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

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

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

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

(iv) A summary of the rationale for award

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

(vi) Reasonable responses to relevant questions posed by the debriefed offerors as to whether source-slection 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-plus fixed fee service contract resulting from this solicitation.

It is anticipated that one (1) award will be made from this solicitation and that the award will be made on/about September 30, 2004.

L.5 SERVICE OF PROTEST (AUG 1996)(FAR 52.233-2)

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

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

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

L.6 POINT OF CONTACT FOR TECHNICAL INQUIRIES

The technical contact for additional information and answering inquiries is the Contracting Officer. All questions regarding this solicitation shall be in writing and received by the Contracting Officer no later than **July 1, 2004**. It is requested that all questions be submitted by both e-mail and hardcopy. E-mail to swilliam@ahrq.gov ; fax to 301-427-1740).

L.7 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-type contract will be awarded. In addition to the special provisions of this request for proposal (RFP), any resultant contract shall include the general clauses

applicable to the selected offeror's organization and type of contract awarded. Any additional clauses required by Public Law, Executive Order, or procurement regulations, in effect at the time of execution of the proposed contract, will be included.

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

I. TECHNICAL PROPOSAL: See Technical Proposal Instructions for recommended format (L.8). Please mark as original or copy.

II. PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.9)

III. SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN: See Small Disadvantaged Business Plan Instructions for format (L.10) Please mark as original or copy.

IV. BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.11).

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

(1) Technical Proposal; (2) Past Performance Information; (3) Small Disadvantaged Business Participation Plan; and (4) Business Proposal. Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other. The technical proposal shall not contain reference to cost; however resources information, such as data concerning labor hours and categories, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW) may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of the technical proposal instructions.

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

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

f. Unnecessarily Elaborate Proposals: Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal are not desired and may be construed as an indication of the offeror's

lack of cost consciousness. Elaborate art work, expensive visual and other presentation aids are neither necessary nor wanted.

g. Privacy Act: The Privacy Act of 1974 (Public Law (P.L.) 93-579) requires that a Federal agency advise each individual whom it asks to supply information: 1) the authority which authorized the solicitation; 2) whether disclosure is voluntary or mandatory; (3) the principal purpose or purposes for which the information is intended to be used; (4) the uses outside the agency which may be made of the information; and 4) the effects on the individual, if any, of not providing all or any part of the requested information.

Therefore:

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

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

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

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

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

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

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

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

h. The RFP does not commit the Government to pay any cost for the preparation and submission of a proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government

to the expenditure of public funds in connection with this or any acquisition action.

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

L.8 TECHNICAL PROPOSAL INSTRUCTIONS

The technical proposal shall contain an original and twelve (12) copies. The technical proposal described below shall be limited to **150 pages** not including resumes or bibliographies, with no less than a 11 point pitch, with the majority of the text double-spaced (lists of deliverables, person loading charts, and similar materials need not be double-spaced, so long as they are legible). Resumes or CVs are only required for key personnel. Brief biographic sketches of other personnel may be provided. 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.

a. Recommended Technical Proposal Format

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

(1) Cover Page: The name of the proposing organization, author(s) of the technical proposal, the RFP number and the title of the RFP should appear on the cover. One (1) manually signed original copy of the proposal and the number of copies specified in the RFP cover letter are required.

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

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

(4) Technical Discussion: The offeror shall prepare a technical discussion which addresses evaluation criteria A, B, C, D, E and F below. The evaluation criteria are as follows:

A) Understanding the Problem
B) Technical Approach
C) Management Plan

D) Key Personnel
E) Facilities
F) Past Performance (See Section L.9)
G) Small Disadvantaged Business Participation Plan (See Section L.10)

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

A. Understanding the Problem

Offeror shall provide a brief statement of the issue(s)/problem(s) which underscore the concept of and need for this contract. Also included in this section shall be a description of the scope, purpose, and products of the different types of services called for under this contract. The offeror shall include a discussion of the issues related to Health Information Technology (HIT) research, HIT planning, HIT implementation, HIT benefits evaluation, and adoption and diffusion of HIT, as well as issues related to supporting and operating a resource center and performing large scale program evaluation for HIT projects. General discussion of technical approaches to the different types of activities identified in the RFP should be included.

B. Technical Approach

1. Offeror shall submit a narrative which clearly addresses how it plans to develop, design, and implement the statement of work within the time constraints of the project. Within the content of the narrative, the Offeror shall also address plans for identifying, utilizing and monitoring consultants and subcontractors; generating clear, concise reports on project findings; and conducting quality assurance and problem area identification and resolution strategies.

2. Offeror shall clearly demonstrate experience in and ability to: (a) establish and implement a resource center to provide technical assistance to grantees focusing on evaluating, planning and implementing Health Information Technology (HIT) and related information systems and technologies for improving patient safety and quality (b) provide project monitoring, evaluation, management support for healthcare information technology research and project initiatives; (c) support HIT collaborative efforts among government and other organizations, implementing and evaluating electronic health record and other healthcare technologies; (d) provide recommendations, concepts, proposals and solutions in the form of white papers, seminars, workshops, etc. on new visionary approaches for applying information technology to improve health care, to improve health services research, to accelerate the translation of research into practice and policy, and to operationalize HIT solutions in different health settings ; (e) provide support on: methods of planning and implementing HIT; determining the benefits and value of HIT; Rural technical issues and the specialized expertise needed for HIT planning and implementations in rural settings; collecting and aggregating research data; applying and using information technology, networks, connectivity, hardware, software, interoperability and standards; Fiscal expertise; sustainability strategies; using and understanding research methods (including behavioral and social research methods); methods for addressing issues raised by institutional review boards (including protection of the privacy and confidentiality of patient-level research data); compliance with current

HIPAA regulations; and methods organizations can use to assure that HIT research and project findings and lessons learned are translated into practice; (f) plan and provide logistics for conferences that will involve HIT grantee and project representatives; (g) provide information, dissemination, knowledge management and engineering functions and services for project activities and results; (h) support the development of monographs, papers, and resource materials to report requirements, performance and results of HIT initiatives (e.g., Government Performance and Results Act [GPRA] measures); (i) evaluate and assess the impact of institutional investments in the HIT portfolio; (j) provide and maintain an extranet, website and related IT system capabilities to support HIT grantees and projects; (k) coordinate and support statewide and regional IT data interoperability demonstration projects; (l) support electronic health record collaborative efforts among Indian Health Service sites and federally supported health centers; (m) provide recommendations for knowledge representation standards and approaches to support clinical decision making processes and systems; and (n) establish and support a community of practice, workgroups, and other collaborative efforts to facilitate development of local health information infrastructures.

3. The Offeror shall address the technical approach proposed for each task required by the Statement of Work.

C. **Management Plan**

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

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

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

D. Key Personnel

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

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

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

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

b. Provide length and currency of the overall education of the Project Director, the Project Manager and other key technical personnel.

c. Describe the experience of the proposed Project Director and the Project Manager in managing the SOW and complex projects involving the program evaluation of large scale multiple component research programs. This description shall include at a minimum the size of projects managed, start-up time required, number of projects managed, problems encountered, and the resolution of those problems. Describe those projects currently managed. Describe how the management experience of the proposed Project Director and the Project Manager equips them to manage a staff which reflects the diversity of the SOW.

d. Describe the ability of the proposed Project Director, the Project Manager, and others to address issues of policy and legal sensitivity as they relate to the SOW.

2. Offeror shall provide evidence of availability, qualifications, and demonstrated experience of key medical, education, and technical personnel. They should possess the education, experience, and demonstrated skills to conduct a compressive healthcare IT state integration program.

a. Describe how the education and technical experience of the proposed technical personnel specifically relate to the SOW.

b. Provide length and currency of the overall education of the proposed technical personnel.

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

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

E. Facilities

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

L.9 Past Performance Information

Offerors shall submit the following information 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 shall be completed by those contracting organizations listed in (1) above. The evaluation forms shall be completed and forwarded directly to the following:

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

Evaluation forms must be received by **July 29, 2004** in order to be included in the review process. It is the responsibility of the offeror to ensure that these documents are forwarded to the Contracting Officer.

L.10 SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN

In accordance with FAR Part 15.304 (c)4, the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract shall be evaluated in unrestricted acquisitions expected to exceed a total estimated cost of $500,000 ($1,000,000 for construction) subject to certain limitations (see FAR 19.201 and 19.202.

A. All offerors, regardless of size, shall submit the following information in an original and one copy:

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 points of contact and phone number.

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

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

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

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

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

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

L.11 BUSINESS PROPOSAL

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

A. Cost/Price Proposal

A cost proposal, original and 4 copies, 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 primarily on-site and full time (see Section B.2, C.2 and L.8).

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. 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

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.

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

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

(a) Direct Labor

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

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

(b) Supplies and Equipment

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

(c) Travel

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

(d) Consultants

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

(e) Subcontractors

Subcontractor costs shall be broken down and supported by cost and pricing data adequate to establish the reasonableness of the proposed amount. Support documentation should include degree of subcontract competition and basis for selecting source.

(f) Other Direct Costs

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

(g) Indirect Costs

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

B. Small Business Subcontracting Plan: All offerors except small businesses are required to submit a subcontracting plan in accordance with the Small Business Subcontracting Plan, FAR 52.219-9, incorporated in this solicitation. A copy of the AHRQ model subcontracting plan is provided as an attachment to this solicitation. If the model plan is not used, all elements outlined must be addressed in the offeror's format. **If the offeror is not a small business and fails to submit a subcontracting plan with the initial proposal, the offeror will be considered nonresponsive and their proposal will be returned without further consideration.**

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

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

The offeror understands that:

a. No contract will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer. The plan will be incoroporated in to the contract.

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

c. If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.

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

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

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

g. For this particular acquisition, the AHRQ recommended goal (as a percentage of total contract value for the base period) is **30% for Small Businesses**, which shall included at least **11%** (as a percentage of total planned subcontract dollars for the base period) for **Small Disadvantaged Businesses**, at least **5%** (as a percentage of total planned subcontract dollars for the base period) for **Women-Owned Small Businesses**, and at least **3%** (as a percentage of total planned subcontract dollars for the base period) for **HUBZone Small Businesses** and at least **3%** (as a percentage of total planned subcontract dollars for the base period) for **Veteran-Owned Small**

Businesses. These goals represent AHRQ's expectations of the minimum level for subcontracting with small business at the prime contract level. Any goal stated less than the AHRQ recommended goal shall be justified and is subject to negotiation.

B. Other Administrative Data

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

Minimum Bid Acceptance Period (April 1984)

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

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

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

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

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

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

(3) Property:

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

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

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

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

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

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

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

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

L.12 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. The Contracting Officer will, in concert with Agency staff, evaluate past performance of the technically acceptable offerors and decide which proposals are in the competitive range. Oral or written discussions will be conducted with all offerors in the competitive range, if necessary. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, and contractual terms and conditions. Final Proposal Revisions will be requested with the reservation of the right to conduct limited negotiations after submission of the Final Proposal Revisions.

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

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

SECTION M - EVALUATION FACTORS FOR AWARD

TECHNICAL EVALUATION CRITERIA

M.1 Selection of an offeror for contract award will be based on an evaluation of proposals against four factors and award will be made to that responsible offeror whose proposal is most advantageous to the Government. The four factors are: technical, cost, past performance and the Small Disadvantaged Business (SDB) plan. The technical proposal 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 and for their SDB Participation Plan. Following the evaluation of the offeror's past performance and SDB Participation Plan, a competitive range will be determined.

M.2 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

M.3 All proposals will be reviewed in accordance with the governing regulations and AHRQ policies and procedures. The technical proposal, past performance information and SDB Participation Plan will be evaluated in terms of the offeror's responses to each of the evaluation factors. Each proposal will be evaluated on the likelihood of meeting the Government's requirements. The evaluation factors and assigned weights which will be used in the overall review of the offeror's proposal are outlined below. The technical proposal shall consist of the responses to evaluation criteria A through E. The offeror should show that the objectives stated in the proposal are understood and offer a logical program for their achievement. The following criteria will be used to evaluate proposals and will be weighed as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found in Section L of this solicitation:

OFFERORS PLEASE NOTE: Evaluation Criteria A through E, for a total of 100 points, will be evaluated by a technical peer review committee, who will also recommend technical acceptability or unacceptability of the proposal. Program staff and contracting staff will review and evaluate Criteria F and G, for a total of 25 points. The total possible points for Evaluation Criteria A through G is 125 points.

EVALUATION CRITERIA WEIGHT

A. Understanding the Problem 15 points

The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated understanding of the problems of the project in its response to the objectives, tasks, and solutions thereto.

B. Technical Approach 30 points

The proposal shall be evaluated on the completeness, reasonableness, clarity, and feasibility of the approach to satisfy the requirements of each individual task of the Statement of Work. The proposal shall be evaluated on the extent to which the offeror clearly demonstrates its experience and ability to: (a) establish and implement a resource center to provide technical assistance to grantees focusing on evaluating, planning and implementing Health Information Technology (HIT) and related information systems and technologies for improving patient safety and quality (b) provide project monitoring, evaluation, management support for healthcare information technology research and project initiatives; (c) support HIT collaborative efforts among government and other organizations, implementing and evaluating electronic health record and other healthcare technologies; (d) provide recommendations, concepts, proposals and solutions in the form of with white papers, seminars, workshops, etc. on new visionary approaches for applying information technology to improve health care, to improve health services research, to accelerate the translation of research into practice and policy, and to operationalize HIT solutions in different health settings ; (e) provide support on: methods of planning and implementing HIT; determining the benefits and value of HIT; Rural technical issues and the specialized expertise needed for HIT planning and implementations in rural settings; collecting and aggregating research data; applying and using information technology, networks, connectivity, hardware, software, interoperability and standards; Fiscal expertise; sustainability strategies; using and understanding research methods (including behavioral and social research methods); methods for addressing issues raised by institutional review boards (including protection of the privacy and confidentiality of patient-level research data); compliance with current HIPAA regulations; and methods organizations can use to assure that HIT research and project findings and lessons learned are translated into practice; (f) plan and provide logistics for conferences that will involve HIT grantee and project representatives; (g) provide information, dissemination, knowledge management and engineering functions and services for project activities and results; (h) support the development of monographs, papers, and resource materials to report requirements, performance and results of HIT initiatives (e.g., Government Performance and Results Act [GPRA] measures); (i) evaluate and assess the impact of institutional investments in the HIT portfolio; (j) provide and maintain an extranet, website and related IT system capabilities to support HIT grantees and projects; (k) coordinate and support statewide and regional IT data interoperability demonstration projects; (l) support electronic health record collaborative efforts among Indian Health Service sites and federally supported health centers; (m) provide recommendations for knowledge representation standards and approaches to support clinical decision making processes and systems; and (n) establish and support a community of practice, workgroups, and other collaborative efforts to facilitate development of local health information infrastructures.

Sources must have an understanding of and experience in: HIT research and implementation for improving patient safety, quality, effectiveness and efficiency of care; clinical, methodological, and management; technical assistance in data collection and analysis as well as methods and metrics; instrument development and selection; performing systematic searches and assessing the quality of scientific literature; effective dissemination and implementation strategies; managing large, complex

projects, logistical support, conferences and site visits; development and support of steering committees; working with principal investigators, health professional societies, providers and others; developing and implementing IT standards and solutions appropriate for the healthcare industry; establishing and managing electronic databases and websites and providing user support. Sources must possess, or be able to obtain (in-house or through subcontracting / consulting arrangements) the staff and other resources needed to expeditiously carry out the different types of activities listed.

The offeror's draft work plan and draft evaluation plan shall be evaluated on how clearly they demonstrate the offeror's understanding of the Scope of Work.

C. Management Plan 20 points

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

D. Key Personnel 25 points

The background, skills, experience, and education of key personnel in the area of Health Information Technology and Informatics, healthcare and informatics research, program management and evaluation, patient safety, and interaction with grantees and other key stakeholders shall be evaluated. The background, skills, and experience of key personnel in the analysis of health information technology, informatics, patient safety data, healthcare and health services research, program support, management and evaluation studies, etc. shall be evaluated. The background, skills, education, and experience of key personnel in the area of healthcare standards and measures development and healthcare applications software and shall also be evaluated. Offeror's proposed key personnel shall be evaluated against the education and experience requirements as set forth in the Instructions to Offerors.

E. Facilities 10 points

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

F. Past Performance 20 points

Offerors will be evaluated on their past performance (since June 1, 1998).

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

(a) Quality: How well the contractor conformed to the performance standard in providing the research services or achieved the stated objective of the contract or grant. Quality will be evaluated by the personnel provided, the level of effort agreed to in the contract statement of work or grant, and quality of final products (e.g., written reports).

(b) Timeliness: How well the contractor adheres to time-tables and delivery schedules in providing the research services or products. Consideration is given to contractor's effort to recommend and/or take corrective actions to keep the contract or grant on schedule.

(c) Customer -satisfaction: Rates the professional and cooperative behavior of the contractor or grantee with the client.

(d) Cost control: Rates the cost-effectiveness of the contractor or grantee in conducting the contract.

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

The completed questionnaires will provide a basis for determining past performance evaluation as well as information obtained from the references listed in the proposal, other customers known to the Government, consumer protection organizations, and others who may have useful and relevant information. Information will also be considered regarding any significant subcontractors and key personnel records. Past performance will be scored on a range from 0 to 20, with 20 being the most favorable.

Evaluation of past performance will often be quite subjective based on consideration of all relevant facts and circumstances. It will not be based on absolute standards of acceptable performance. The Government is seeking to determine whether the offeror has consistently demonstrated a commitment to customer satisfaction and timely delivery of services at fair and reasonable prices.

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

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

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

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

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

G. Small Disadvantaged Business Participation Plan 5 points

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

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

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

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

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-04-0016, entitled "Health Information Technology Resource Center (HITRC)." Past performance is an important part of the evaluation criteria for this acquisition, so input from previous customers of the offeror is important. This office would greatly appreciate you taking the time to complete this form. **This information is to be provided to Sharon Williams, the AHRQ Contracting Officer and is NOT to be disclosed to the offeror either verbally or in writing.** Please provide an honest assessment and return to AHRQ to the address shown below, no later than **July 29, 2004**. If you have any questions, please contact Mrs. Sharon Williams at (301) 427-1781.

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

FAX: (301) 427-1740

NAME OF OFFEROR:_____

ADDRESS:_____
_____

Contractor Performance Form

1. Name of Contractor:_____

2. Address:_____

   _____

3. Contract/Grant Number: _____

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

5. Contract/Grant Award Date: _____

6. Contract/Grant Completion Date: _____

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

8. Description of Requirement:

CONTRACTOR'S PERFORMANCE RATING

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

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

Customer Satisfaction - Is/was the Contractor committed to customer satisfaction?__Yes__ No ; Would you use this Contractor again? _Yes__No

Reason:

NAME OF EVALUATOR: _____

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 **0348-0046**

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

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

4. Name and Address of Reporting Entity: G Prime G 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): $_____ G actual G planned 12. Form of Payment (check all that apply): G a. cash G b. in-kind; specify: nature_____ value_____	13. Type of Payment (check all that apply): G a. retainer G b. one-time fee G c. commission G d. contingent fee G e. deferred G f. other; specify: _____

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)

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:_____
Federal Use Only	Authorized for Local Reproduction Standard Form--LLL

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by C
0348-0

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.

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

Attachment 3

HHS CREDIT RELEASE

Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C., § *1681, ETSEQ.* SHOULD A DECISION TO TAKE ANY ADVERSE A~ON AGAINST YOU BE MADE, BASED EM-either IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Health and Human Services (HH S) to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

_____ _____

(Print Name) (SSN)

_____ _____

(Signature) (Date)

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

SMALL BUSINESS SUBCONTRACTING PLAN (Attachment 4)

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 _23__% for small business (SB), _5__% for small disadvantaged business (SDB), _2__% 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
$ _____	$ _____	$ _____	$ _____

f. 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 23%; SDB equals 5%; 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

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

d. 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

e. 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

f. 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

g. 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

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

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

j. 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;

k. 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;

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

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

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

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

p. 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 commercia l 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: _____

ATTACHMENT 5

PROPOSAL INTENT RESPONSE SHEET

RFP No. AHRQ-04-0016 – Health Information Technology Resource Center

Please review the attached request for proposal. Furnish the information requested below and return this page by July 1, 2004. 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:

COMPANY/INSTITUTION NAME:

AUTHORIZED SIGNATURE:

TYPED NAME AND TITLE:

DATE:

Please return to:

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