

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE 1 OF 8 PAGES

2. AMENDMENT/MODIFICATION NO. 08T080127S
 3. EFFECTIVE DATE 08/05/2008
 4. REQUISITION/PURCHASE REQ. NO. _____
 5. PROJECT NO. (If applicable) _____

6. ISSUED BY CODE _____ 7. ADMINISTERED BY (If other than item 6) CODE _____
 DHHS/PSC/SAS/DAM
 PARKLAWN BUILDING, ROOM 5-101
 5600 FISHERS LANE
 ROCKVILLE, MD 20857

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) _____
 (X) 9A. AMENDMENT OF SOLICITATION NO. 08T080127S
 X 9B. DATED (SEE ITEM 11) 07/22/2008
 10A. MODIFICATION OF CONTRACT/ORDER NO. _____
 10B. DATED (SEE ITEM 11) _____

CODE _____ FACILITY CODE _____

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;
 or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment your desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS.
 IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
 See attached.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

QUESTIONS AND ANSWERS

The following questions and answers are incorporated in the solicitation:

QUESTION 1

Does offeror, of necessity, have to have done presentations or can subcontract with others who have done similar educational activities?

ANSWER 1:

The offeror can subcontract with others who have done presentations on women and heart disease, or who have done similar educational activities. The offeror does not have to have done these activities, as long as the subcontractor is fully qualified to do so. However, the offeror should have something to contribute to the project- such as access to the primary care provider population. It cannot be a pass through.

QUESTION 2

Is there training for the Heart Healthy program with materials to ensure consistency? Allowances made to develop web-based training and web-based conferences?

ANSWER 2

The Heart Truth Professional Education Materials have been developed by national experts and are proven to be effective. Web-based training was used in prior years, with CME credit through Medscape. That module has now expired. Web-based training with CME credit would be welcomed. Web-based conferences are also appropriate for this RFP.

QUESTION 3

Can you please indicate what the maximum allowable yearly costs will be?

ANSWER 3

\$125,000 to \$175,000 total costs per year is the approximate price range the Government anticipates. However, offerors are reminded this is a competitive acquisition and proposals should take into consideration the evaluation criteria and basis for award such that each offeror is providing their most competitive proposal.

QUESTION 4

How will it be possible to implement primary care educational activities for physicians in other states, but have room rental and food costs not permissible on the budget? Are there exceptions to conduct CME programs?

ANSWER 4

No food or beverage costs will be allowable under this contract unless they are part of the per diem expenses for workshop speakers, presenters and trainers paid in accordance with the Federal Travel Regulations. Travel, lodging, and per diem according to the local government rates are permissible for experts coming into the state to deliver educational activities. Please refer to Sections G.2. and H.1. of the RFP. Additionally, the following site is identified to assist offerors:

http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentId=17943&contentType=GSA_BASIC

QUESTION 5

Can the monthly invoicing requirement be changed to a quarterly one? As stated, the project would require 36 monthly invoices- this seems untenable.

ANSWER 5

Payments shall be made in accordance with the agreed upon payment schedule. The payment schedule must be tied to deliverables as this will be a firm-fixed price contract. The Government anticipates quarterly payments tied to the quarterly progress reports. Sections G.1.A., G.2., and Section L are amend below to clarify this.

QUESTION 6

California is not listed as one of the high risk states. Does that mean organizations in California are not eligible to apply for this contract or that the interventions cannot take place in California?

ANSWER 6

This requirement is solicited using Full and Open Competition which does permit organizations in California to submit a proposal which shall be considered. The intervention can take place in California as well, as long as there is an intervention in one of the states listed. Please refer to Section L.3.3. of the RFP.

QUESTION 7

The cover letter indicates that the proposal 'shall be sent to the above address no later than August 21, 2008 by 4 p.m. Eastern Time'. Is this a postmark date/time or a receipt date/time?

ANSWER 7

In accordance with FAR 15.208 “Any proposal, modification, or revision, that is received at the designated Government office after the exact time specified for receipt of proposals is ‘late’.” Late proposals will be dealt with in accordance with FAR 15.208. The FAR can be viewed at :
<http://www.arnet.gov/far/loadmainre.html>

QUESTION 8

Is Fed Ex delivery a recommended mailing method to get an application to you in a timely fashion in light of security issues at government buildings.

ANSWER 8

No recommendations are made.

QUESTION 9

What is the reimbursable travel ceiling and time frame for the ceiling (yearly)-

ANSWER 9

The reimbursable travel ceiling will be set at time of award and is a subject of negotiation between the parties based on the travel price estimate in the relevant proposal.

QUESTION 10

The 6/27 pre-solicitation notice states that the Government anticipates making three awards, possibly four awards. The 7/22 solicitation states on page 37 that there will be one award? Please clarify the number of awards.

ANSWER 10

Section M is amended below to remove the inconsistency and clarify the RFP. Please refer to Section M.5., third paragraph for the correct information.

QUESTION 11

Please clarify that a comprehensive work plan is not required as part of the proposal; rather, it will be developed and submitted post award according to the due date on page 11.

ANSWER 11

The Annual Work Plan deliverable (which Section C.6.1. notes is comprehensive) is due after the contracts are awarded.

QUESTION 12

Please confirm that a proposed time line is required as part of the proposal as stated on page 6, as well as whether the timeline should cover the entire three year project period.

ANSWER 12

A proposed timeline is required as part of the technical proposal which addresses the base year plus each option period. Section L is amended below to ensure this is clear in the RFP.

QUESTION 13

Is it possible for the first year to be a "start up" year with an opportunity to "plan to plan"? It is difficult to see how a group of collaborators could jump in on Day 1 without a realistic lead-in time to plan.

ANSWER 13

A reasonable planning period can be built into the program. One year seems long since evidence-based materials already exist for this activity.

QUESTION 14

Do you expect the costs to be shared by the applicant and the Federal govt? If so, is there a proportion that you see as realistic?

ANSWER 14

This will be a firm-fixed price contract and not a cost-sharing contract. Thus, there will be no cost sharing between the contractor and the Government.

QUESTION 15

Do you have an estimate of how many primary care providers you hope to reach?

ANSWER 15

The goal of the RFP is to reach all of the primary care providers in the state. This should be the basis for your estimate in the RFP. The percentage of those you expect to reach by your interventions should be provided in the RFP

QUESTION 16

Page six of the announcement says one task is to "Provide a high quality, reasonable cost referral resource guide to be included in the first annual report for the community for women who cannot be cared for in the primary care setting." Who is the target audience for the resource guide? What is the purpose of the guide?

ANSWER 16

The target audience is health care providers , social service agencies, American Heart Association affiliates, and hotlines so that they can refer patients to proper specialty services.

The purpose of the guide is to identify clinics, programs, and providers who can treat women who need referrals to specialty care. Some examples include; 1. Programs who fees are based on sliding scale basis. 2. For Medicaid and Medicare patients, providers who take these patients. 3. Free clinics for smoking cessation, etc.

QUESTION 17

What is meant the cost should be reasonable?

ANSWER 17

That the pricing you propose is fair and reasonable to complete the requirements of the statement of work. Per the *American Heritage Dictionary* the following definition of reasonable is provided:

“Not excessive or extreme; fair: *reasonable prices.*”

QUESTION 18

I am subcontracting with IT firm that has done gov't work. Can I do this type of educational work under their auspices?

ANSWER 18

It cannot be a pass through. There should be some relevant work that the IT firm will do for the project.

QUESTION 19

On page 32 of the RFP it asks for information about our subcontractors. What if we don't know who our subcontractors will be?

ANSWER 19

Page 32 is referring to Past Performance. When no past performance information is available the Government is required to assess a neutral rating. Thus, failure to

provide past performance information on subcontractors, per Section L.4. would not positively nor negatively impact your past performance rating.

QUESTION 20

Would we, as an academic institution, qualify as an offeror under this solicitation?

ANSWER 20

This RFP is issued using Full and Open Competition. Thus, the fact that you are an academic institution would not, in and of itself, preclude you from submitting a proposal. All potential offerors are encouraged to submit proposals.

QUESTION 21

Do you anticipate extending the due date submission for proposals?

ANSWER 21

No.

SPECIFIC SOLICITATION AMENDMENTS

The following changes are made to the solicitation:

1. The first sentence Section G.1.A. is deleted in its entirety and replaced with:

“The Contractor shall submit invoices in accordance with the payment schedule in G.2.”

2. Section G.2., PAYMENT SCHEDULE, is deleted in its entirety and replaced with:

“G.2. PAYMENT SCHEDULE

Payments shall be made to the Contractor in accordance with the following payment schedule after receipt and acceptance of the deliverable associated with each payment.

(TO BE COMPLETED AT CONTRACT AWARD)”

3. Section L.5.10. is added to Section L of the RFP and reads as follows:

“L.5.10. The business proposal shall include a proposed payment schedule (see Section G.2.) which ties payments to required contract deliverables. The Government anticipates a payment schedule ties to the quarterly progress reports but offerors may propose alternative payment schedules.”

4. Section M.1., EVALUATION FACTORS FOR AWARD, is amended to delete the following sentences in their entirety:

“The Government will make only one contract award under this solicitation on an all-or-none basis. No multiple awards will be made.”

5. The following sentence is added at the end of Section L.3.1.2.:

“A proposed timeline shall be submitted as part of the technical proposal which covers the base year and each option period. Additionally, the percentage of primary care providers you expect to reach by your interventions should be provided in the RFP”

6. Section C.4., STATEMENT OF WORK, the bullet "Provide a high quality, reasonable cost referral resource guide to be included in the first annual report for the community for women who cannot be cared for in the primary care setting." is amended to add the following:

"The purpose of the guide is to identify clinics, programs, and providers who can treat women who need referrals to specialty care. Some examples include; 1. Programs who fees are based on sliding scale basis. 2. For Medicaid and Medicare patients, providers who take these patients. 3. Free clinics for smoking cessation, etc. The target audience is health care providers , social service agencies, American Heart Association affiliates, and hotlines so that they can refer patients to proper specialty services. "