

Request for Proposals RFP-NIH-NIAID-DAIT-04-08

“Atopic Dermatitis and Vaccinia Immunization Network: Statistical and Data Coordinating Center”

SECTION A – SOLICITATION/CONTRACT FORM

OFFERORS ARE RESPONSIBLE FOR ROUTINELY CHECKING THE CMB WEBSITE <http://www.niaid.nih.gov/contract/default.htm> FOR ANY POSSIBLE SOLICITATION AMENDMENTS THAT MAY BE ISSUED. NO ADDITIONAL NOTIFICATION OF ANY AMENDMENTS WILL BE PROVIDED BY THIS OFFICE.

PURCHASE AUTHORITY: FAR 1.601		
NOTE: The issuance of this solicitation does not commit the government to an award.		
Just In Time: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (See Part IV, Section L.)	Small Bus. Set-Aside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8(a) Set-Aside: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See Part IV, Section L.)	
Issue Date: <i>April 18, 2003</i>	Due Date: <i>July 28, 2003</i> Time: <i>4:00 PM, EST</i>	Technical Proposal Page Limits: <input checked="" type="checkbox"/> Yes (<i>see Attachment entitled: “How to Prepare and Submit Electronic Proposals”</i>) <input type="checkbox"/> No
Issued By: _____ Barbara A. Shadrick Senior Contracting Officer Contract Management Branch, DEA NIH, NIAID 6700-B Rockledge Drive Room 2230, MSC 7612 Bethesda, MD 20892-7612	<input checked="" type="checkbox"/> We reserve the right to make awards without discussion.	
	Number of Awards: <input checked="" type="checkbox"/> Only 1 Award <input type="checkbox"/> Multiple Awards	Period of Performance: Five (5) years beginning on or about 02/17/2004 Options: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (See Part IV, Section L.)
Offers will be valid for 120 days unless a different period is specified by the Offeror on the form entitled “Proposal Summary and Data Record, NIH-2043” (See SECTION J - Attachments)		
The Official Point of Receipt for the purpose of determining timely delivery is the Contract Management Branch as stated above. The paper copy with original signatures is the official copy for recording timely receipt. If the paper copy of your proposal is not received by the Contracting Officer or Designee at the place and time specified, then it will be considered late and handled in accordance with HHSAR 352.215-70 entitled "Late Proposals and Revisions" located in this Solicitation. FACSIMILE SUBMISSION OF PROPOSALS IS NOT ACCEPTABLE.		
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BACKGROUND
RFP-NIH-NIAID-DAIT-04-08

**ATOPIC DERMATITIS AND VACCINIA IMMUNIZATION NETWORK (ADVNI):
STATISTICAL AND DATA COORDINATING CENTER (SDCC)**

INTRODUCTION / BACKGROUND

The overall objective of the Atopic Dermatitis and Vaccinia Immunization Network (hereinafter referred to as the “ADVNI”) is to develop and implement a research plan to reduce the risk of eczema vaccinatum (EV), a potentially life-threatening complication of vaccinia immunization that occurs almost exclusively in patients with atopic dermatitis (AD). Smallpox (variola) virus is a potential weapon of bioterrorism. Immunization of the population with live vaccinia virus, a species of orthopoxvirus distinct from variola, may be necessary because it is the only currently available approach to protect against smallpox. Routine smallpox vaccination was terminated in the United States in 1972, and the global eradication of smallpox was achieved in 1980. As a consequence, a large part of the world population today has never been vaccinated against smallpox and does not have immunity to the virus.

Immunization with live vaccinia virus is associated with several serious adverse reactions, and is particularly risky in certain populations such as immunosuppressed individuals. EV is a severe and potentially fatal cutaneous dissemination of vaccinia, with a mortality rate of 10-30% if untreated. The estimated incidence of EV after mass vaccination in the 1960s ranged between 3-80/1,000,000 vaccinees. The incidence of EV after exposure of AD patients to vaccinia is unknown but is probably much higher than the incidence in the general population, in that nearly all cases of EV occur in AD patients, AD patients represented approximately 3-5% of the general population, and only a subset of AD patients were vaccinated or otherwise exposed to vaccinia. The most severe cases were among those who were exposed to vaccinia via a vaccinated contact (e.g., a sibling or parent). The prevalence of AD has increased significantly since the 1960s, so the frequency of EV during a mass vaccination campaign in the 21st century may increase accordingly. Because of the risk for EV, the Department of Health and Human Services, recommends that AD patients avoid contact with recent vaccinees and not receive vaccinia immunization, although such recommendations might change if there were a clearer risk or documented evidence of a bioterrorist attack with smallpox. The current contraindication to exposing AD patients to vaccinia is complicated by the lack of specific biomarkers for detecting AD.

A wide spectrum of virulence factors are encoded by vaccinia and other pox viruses that enable these viruses to evade or neutralize the host immune response. These include homologues of immune receptors, antagonists of chemokines and of complement control proteins, and inhibitors of antiviral enzymes. Therefore, a fully competent immune system may be necessary to counteract these vaccinia-derived immune system antagonists. It is thought that abnormalities in systemic and/or cutaneous immunity are responsible for the susceptibility of AD patients to EV after exposure to vaccinia. AD patients are also susceptible to unusually severe or prolonged infections when exposed to cutaneous viruses other than vaccinia, such as herpes simplex, molluscum contagiosum, papillomaviruses, and varicella. AD patients have been reported to express elevated levels of Th2 cytokines in acute skin lesions, high levels of IgE in blood, and decreased levels of beta-defensins in the skin, suggesting that both the adaptive and innate immune system are impaired in these patients. However, the specific immune abnormalities in AD patients that predispose to susceptibility to severe infections with vaccinia and other cutaneous viruses have not been elucidated.

Immunization of AD patients with live vaccinia is contraindicated because of the risk of EV. The components of the immune system of AD patients relevant to lack of protection from vaccinia can be investigated indirectly, by evaluating AD patients' immune responses to other viruses as surrogates for vaccinia: (a) during natural infections with cutaneous viruses (e.g., herpes simplex), (b) following immunization with highly attenuated, live vaccinia virus (when such viral vaccines are available); and (c) following immunization with certain attenuated, live, FDA-approved viral vaccines.

Animal models of AD will be able to evaluate immune responses not only to surrogate viruses, but also to vaccinia. There are several mouse models of AD including the NC/Nga mouse, the K14-IL-4 transgenic mouse, and the epicutaneously sensitized mouse. These models differ in skin pathology, genetic and environmental factors required for their development, and immunological abnormalities, and one or more of them may be suitable for in vivo viral challenge studies.

Atopic Dermatitis and Vaccinia Immunization Network:

The Atopic Dermatitis and Vaccinia Immunization Network will consist of members supported by three separate contracts to be awarded from the following solicitations:

RFP NIH-NIAID-DAIT-04-06, entitled “Atopic Dermatitis and Vaccinia Immunization Network (ADV N): Clinical Studies Consortium”

RFP NIH-NIAID-DAIT-04-07, entitled “Atopic Dermatitis and Vaccinia Immunization Network (ADV N): Animal Studies Consortium”

RFP NIH-NIAID-DAIT-04-08, entitled “Atopic Dermatitis and Vaccinia Immunization Network (ADV N): Statistical and Data Coordinating Center (SDCC)”

The ADVN will develop and implement guidelines, policies and procedures regarding conflict of interest on the part of ADVN-supported investigators, including the disclosure of financial interests relevant to the research to be carried out under this contract, that will enable the ADVN to meet the requirements for Federally funded research. These guidelines, policies and procedures will be submitted for approval by NIAID. ADVN-supported investigators will be required to comply with all such policies and procedures.

The ADVN will require flexibility in expanding, curtailing, or discontinuing human and/or animal studies based on changing priorities and scientific opportunities. All such modifications in the composition of the ADVN shall be proposed by the Principal Investigators of each component of the ADVN after consulting with the ADVN Executive Committee. These modifications will be reviewed and approved by the Project Officer. As may be appropriate, the NIAID may convene an Expert Panel to provide advice to NIAID on aspects of the ADVN.

The NIAID will appoint an independent Data and Safety Monitoring Board (DSMB) to advise the Institute on issues under this contract pertaining to the safety and appropriateness of the protocols and the conduct of the clinical studies, particularly because the ADVN may carry out studies using investigational agents and also using non-FDA-approved routes of administration of agents (e.g., epidermal administration of certain viral vaccines). The Statistical and Data Coordinating Center will be responsible for all costs associated with this DSMB.

The NIAID will facilitate collaboration and coordination between ADVN investigators and other current and planned NIAID-supported programs on biodefense and related non-biodefense research.

The NIAID shall review and approve all ADVN guidelines, policies and procedures.

THIS REQUEST FOR PROPOSALS (RFP) solicits proposals to establish a Statistical and Data Coordinating Center, which will be a component of the Atopic Dermatitis and Vaccinia Immunization Network (ADV N). The Statistical and Data Coordinating Center contractor will perform statistical and data analyses, clinical coordination, regulatory activities, and development and maintenance of a patient Registry to support clinical and animal studies designed to diminish or eliminate the risk of eczema vaccinatum and other serious adverse reactions to vaccinia virus immunization in atopic dermatitis patients. The tasks to be carried out by the Statistical and Data Coordinating Center will be coordinated with the other two components of the ADVN: the Clinical Studies Consortium and the Animal Studies Consortium. The NIAID shall review and approve all activities proposed by the Statistical and Data Coordinating Center.

Offerors shall have flexibility in proposing an organizational structure capable of meeting the requirements of this work statement. The Government anticipates that the Statistical and Data Coordinating Center will require strong leadership to provide for the overall scientific direction, coordination and management of research studies and personnel, and requires that there be a single Principal Investigator. Decisions about overall scientific direction, coordination and management of research studies and personnel will be made by the Project Officer in consultation with the Principal Investigator.

**STATEMENT OF WORK
RFP-NIH-NIAID-DAIT-04-08**

**ATOPIC DERMATITIS AND VACCINIA IMMUNIZATION NETWORK (ADV N):
STATISTICAL AND DATA COORDINATING CENTER (SDCC)**

Independently and not as an agent of the Government, the Contractor 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, described below.

The Contractor shall be responsible for the establishment and management of a Statistical and Data Coordinating Center, a component of the Atopic Dermatitis and Vaccinia Immunization Network (ADV N). The Statistical and Data Coordinating Center, together with the Clinical Studies Consortium and the Animal Studies Consortium, constitute the ADV N. Specifically, the Contractor shall:

- 1. ESTABLISH AND MANAGE A STATISTICAL AND DATA COORDINATING CENTER (SDCC) (A Component Of The ADV N)**
- 2. DEVELOP AND IMPLEMENT A TECHNICAL AND ADMINISTRATIVE MANAGEMENT AND COORDINATION PLAN FOR THE SDCC**
- 3. PROVIDE STATISTICAL, ADMINISTRATIVE, TECHNICAL AND LOGISTICAL SUPPORT FOR THE ACTIVITIES OF THE NETWORK EXECUTIVE COMMITTEE**
- 4. PROVIDE STATISTICAL AND CLINICAL LEADERSHIP FOR THE DESIGN AND ANALYSIS OF HUMAN AND ANIMAL STUDIES CONDUCTED BY THE ADV N AND CLINICAL SITE MONITORING AND TRAINING**
- 5. PROVIDE COMPUTER-BASED DATA COLLECTION, MANAGEMENT AND QUALITY ASSURANCE SYSTEMS FOR STUDIES CONDUCTED BY THE ADV N**
- 6. ESTABLISH AND MAINTAIN A REGISTRY OF PATIENTS With Atopic Dermatitis Who Have Documented Disseminated Infection With Vaccinia Virus (Eczema Vaccinatum) And/Or Herpes Simplex Virus (Eczema Herpeticum) And/Or Persistent And Severe Infection With Molluscum Contagiosum**
- 7. PROVIDE LEADERSHIP AND SUPPORT FOR REGULATORY REQUIREMENTS ASSOCIATED WITH INVESTIGATIONAL NEW DRUG (IND) APPLICATIONS**
- 8. PROVIDE COORDINATION AND SUPPORT FOR THE ACTIVITIES OF THE DATA AND SAFETY MONITORING BOARD (DSMB)**
- 9. PROVIDE FOR AN ORDERLY TRANSITION TO A SUBSEQUENT CONTRACTOR OR THE GOVERNMENT**

- 1. ESTABLISH AND MANAGE A STATISTICAL AND DATA COORDINATING CENTER (SDCC) (a component of the ADV N).**

Provide the statistical, clinical, technical, regulatory and administrative expertise necessary to carry out the tasks specified below, and other tasks as may be directed by the Project Officer.

- 2. DEVELOP AND IMPLEMENT A TECHNICAL AND ADMINISTRATIVE MANAGEMENT AND COORDINATION PLAN FOR THE SDCC**

a. The plan shall:

- 1) Establish the organizational structure of the SDCC, that must include (a) the SDCC Principal Investigator, who will be responsible for the overall leadership, management and coordination of all aspects of the Center's activities; and (b) the relationship of the SDCC to the Network Executive Committee.
- 2) Establish processes for implementing, evaluating and improving the services and systems provided by the SDCC.
- 3) Establish and monitor ADV N-wide standards for data collection and clinical studies activities.

- 4) Establish strategies to ensure effective communication and coordination among ADVN components and with the DSMB.
- b. The SDCC shall participate in the Network Executive Committee (and any Subcommittees) that shall be organized as follows:
- 1) The Network Executive Committee shall be the main governing body of the ADVN. This Committee is responsible for the conduct and activities of the group. The Network Executive Committee shall provide advice and recommendations to the Principal Investigators of all three components of the ADVN.
 - 2) There will be ten (10) members of the Network Executive Committee. The Project Officer will approve all members proposed for the Committee.
 - Chairperson: The Principal Investigator of the Clinical Studies Consortium, who will be responsible for establishing the Network Executive Committee. -- **(Voting)**
 - The Principal Investigator of the Clinical Studies Consortium will choose four other Committee members: two Clinical Studies Consortium Site Leaders and two basic scientists (immunobiologists, vaccinologists, or virologists) -- **(Voting)**.
 - The Principal Investigator of the Animal Studies Consortium will be a member of the Network Executive Committee and will choose one other Committee member from the Animal Studies Consortium -- **(Voting)**
 - The Principal Investigator of the Statistical and Data Coordinating Center will be a member of the Network Executive Committee, and will choose one other Committee member from the Statistical and Data Coordinating Center -- **(Voting)**
 - The Project Officer will be the tenth member of the Committee -- **(Non-Voting)**.
 - 3) The Clinical Studies Consortium (under separate contract) will propose a governance plan for the Network Executive Committee, that will be reviewed, modified and approved by the full Committee.
 - 4) The Network Executive Committee will develop operating procedures for the ADVN, including: (1) the ethical conduct of clinical research involving human subjects; (2) the ethical conduct of animal research; and (3) data analysis, publications and the release of information on ADVN activities and study findings. The Network Executive Committee may establish separate Subcommittees, including ones that deal with each of the issues described above.
 - 5) The Network Executive Committee shall convene a minimum of three meetings per year and also conduct monthly conference calls in Year 1 of this contract, and a minimum of bi-monthly conference calls in subsequent years.
3. **PROVIDE STATISTICAL, ADMINISTRATIVE, TECHNICAL AND LOGISTICAL SUPPORT FOR THE ACTIVITIES OF THE NETWORK EXECUTIVE COMMITTEE**
- a. Develop and revise, as necessary, Conflict of Interest (COI) and financial disclosure forms for all members of the Network Executive Committee and other ADVN members as appropriate; coordinate the distribution and receipt of completed forms, and provide all forms to the Project Officer,
 - b. Schedule meetings and arrange travel, lodging and meeting room facilities and services, teleconferencing services, and pay travel and per diem expenses for:
 - 1) three meetings of the Network Executive Committee per year;
 - 2) monthly conference calls for the Network Executive Committee for the Year 1 of the contract, and
 - 3) a minimum of bimonthly conference calls for the Network Executive Committee in subsequent years.
 - c. Schedule meetings and arrange travel, lodging and meeting room facilities and services, teleconferencing services, and pay travel and per diem expenses for Subcommittees established by the Network Executive Committee. The SDCC Principal Investigator, or designated representative, shall participate in all Subcommittee meetings and conference calls.

- d. Prepare, assist in the preparation of and distribute in advance of Network Executive Committee and Subcommittee meetings and conference calls, a variety of materials, reports, analyses and recommendations for review by these Committees and Subcommittees. The Clinical Studies Consortium and the Animal Studies Consortium will provide reports, respectively, about clinical and animal studies planned, implemented, modified, completed or terminated/curtailed. These reports will be supplied to the SDCC, who shall prepare the final version of the reports for distribution.
- e. The SDCC shall prepare minutes and action items for these meetings and conference calls, as directed by the Project Officer.
- f. Assist the NIAID and the Network Executive Committee in the preparation of Standard Operations Procedures for the ADVN.
- g. Prepare a variety of interim and final statistical analyses and reports as required by the Network Executive Committee.
- h. Prepare final summaries of clinical and animal studies based on material supplied by the Clinical and Animal Studies Consortium to be submitted on or before the completion date of the contract.

4. PROVIDE STATISTICAL AND CLINICAL LEADERSHIP FOR THE DESIGN AND ANALYSIS OF HUMAN AND ANIMAL STUDIES CONDUCTED BY THE ADVN AND CLINICAL SITE MONITORING AND TRAINING

Provide clinical study expertise for the design, implementation, refinement, modification and monitoring of clinical studies conducted by the ADVN, including the preparation and updating of a Manual of Operations for each clinical protocol.

a. Conduct clinical site monitoring:

- 1) Establish a system to monitor ADVN clinical sites, including development and implementation of a set of Standard Operating Procedures (SOP) delineating the policies, procedures and requirements for monitoring of the ADVN clinical studies.

b. Conduct clinical site training:

- 1) Establish a system to train clinical, technical, data management and administrative site staff, including development and implementation of a set of Standard Operating Procedures (SOP) delineating the policies, procedures and requirements of the ADVN conduct of clinical studies. Training shall include:

- (a) protection of human subjects, including protection of children: <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm>; see subpart D, Sections 46.401-46.409. The monitoring and training system shall adhere to the NIH policy for data and safety monitoring, <http://www.nih.gov/grants/guide/notice-files/not98-084.html> and <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html>.
- (b) the staff in the Clinical Studies Consortium and the SDCC staff that conducts telephone follow-up interviews with patients in the Registry.

5. PROVIDE COMPUTER-BASED DATA COLLECTION, MANAGEMENT AND QUALITY ASSURANCE SYSTEMS FOR STUDIES CONDUCTED BY THE ADVN.

Establish and administer ADVN-wide systems for:

- a) data collection;
- b) data management;
- c) data quality assurance and reporting;

- d) data and system security and confidentiality; and
- e) electronic communication linkages among ADVN sites, the NIAID and the Network Executive Committee.

6. **ESTABLISH AND MAINTAIN A REGISTRY OF PATIENTS with Atopic Dermatitis who have documented disseminated infection with vaccinia virus (eczema vaccinatum) and/or herpes simplex virus (eczema herpeticum) and/or persistent and severe infection with molluscum contagiosum;**

The SDCC will be assisted by the Clinical Studies Consortium in establishing this Registry. [The Clinical Studies Consortium will recruit an estimated 200-300 patients and will obtain clinical information including: medical history, diagnostic criteria for atopic dermatitis, diagnostic criteria for disseminated vaccinia infection and/or disseminated herpes simplex virus infection and/or persistent and severe molluscum contagiosum infection, dates of infection, treatment and results.]

The SDCC shall be responsible for developing and maintaining a data management system for the Registry, as follows:

- a. Develop and maintain a comprehensive data management system for the Registry that:
 - 1) provides sophisticated searching capabilities and controlled access to protect the privacy of physician and patient information;
 - 2) maintains database security;
 - 3) maintains backup copies of the computerized database and its contents; and
 - 4) provides limited access to specified, approved data by members of the ADVN.
- b. Develop and implement plans for collection, organization, and quality control of patient clinical and laboratory information. Such information shall include, but not be limited to, the clinical information obtained by the Clinical Studies Consortium (described above).
- c. Finalize the plans for the Registry within four (4) months after the award of the contract and begin to enroll patients in the registry within eight (8) months after the award.
- d. Develop and implement a plan to assist the Clinical Studies Consortium with retention and long-term follow-up of the patients in the Registry, including telephone follow-up interviews.
- e. Manage and maintain for the life of the contract, a registry estimated to consist of 200-300 patients.

7. **PROVIDE LEADERSHIP AND SUPPORT FOR REGULATORY REQUIREMENTS ASSOCIATED WITH INVESTIGATIONAL NEW DRUG (IND) APPLICATIONS.**

This shall include but not be limited to:

- a. **Tracking of Adverse Events:** Develop and maintain a computerized tracking system for the receipt, follow-up, reporting, and disposition of adverse events for all ADVN clinical studies to the Food and Drug Administration (FDA), the NIAID, appropriate ADVN investigators, and the Network Executive Committee, as appropriate. All procedures and systems must meet the guidelines and regulations of the FDA as related to processing of Adverse Event Reporting (AER) and safety information.
- b. **Clinical Site Registration:** Develop and maintain a computerized clinical site registration system that, at a minimum:
 - 1) Files and tracks registration documentation submitted by ADVN clinical sites.
 - 2) Prepares and submits to the FDA, on a regular basis, the required registration documentation, including copies of the FDA 1572 Forms, Curricula Vitae, Institutional Review Board (IRB) approval of each protocol, and IRB-approved consent forms for each protocol.

3) Confirms completion of all procedures necessary for study registration, and notifies clinical sites that registration has been completed and that study products may be ordered and distributed.

- c. **Tracking INDs:** Prepare, distribute and track Investigational New Drug Applications (INDs) sponsored by NIAID and ADVN investigators, or other entities. The Contractor shall be responsible for carrying out all regulatory requirements for NIAID- and investigator-sponsored INDs. In instances where the pharmaceutical company is the IND sponsor, the Contractor shall not be responsible for carrying out the regulatory functions outlined above, but shall be responsible for the non-regulatory functions associated with these studies, and for cooperating with the IND sponsor so that regulatory requirements are met (i.e., supplying appropriate data on adverse events reporting).
- d. **Preparing FDA-Required IND Sponsor's Reports:** Assist in the preparation of FDA-required IND sponsor's interim and annual reports. These reports shall include narrative analysis and tabular summaries of all results of clinical studies.

8. **PROVIDE COORDINATION AND SUPPORT FOR THE ACTIVITIES OF THE DATA AND SAFETY MONITORING BOARD (DSMB).**

Coordinate and provide statistical, technical, administrative and logistical support for the activities of the independent DSMB to be appointed by the NIAID to monitor the safety of ADVN clinical studies. The NIAID DSMB shall be composed of scientific and clinical experts, bioethicists, and other representatives as may be necessary:

- a. As directed by the Project Officer, develop and revise Conflict of Interest (COI) and disclosure forms for all permanent and ad hoc DSMB members; coordinate the distribution and receipt of completed forms and provide all forms to the Project Officer.
- b. Schedule meetings, arrange lodging and meeting room facilities, arrange teleconference services for meetings and conference calls, and pay travel and per diem expenses for the NIAID DSMB members.
- c. Travel and per diem expenses associated with the participation of non-Federal DSMB Members shall be provided by the SDCC.
- d. Distribute copies of all protocols for clinical studies to the NIAID DSMB members for review, including forms and procedures for obtaining informed consent. Prepare summaries of all comments received from NIAID DSMB members; provide summaries of DSMB comments to the NIAID Project Officer and the Network Executive Committee; and participate in preparing responses to DSMB comments and designing modifications to ADVN approved studies as necessary.
- e. Prepare a variety of interim and final statistical analyses and reports for review by the NIAID DSMB

9. **PROVIDE FOR AN ORDERLY TRANSITION TO A SUBSEQUENT CONTRACTOR OR THE GOVERNMENT**

The Contractor is required to ensure an orderly transition of contract-related materials to a successor contractor or the Government prior to the completion date of this contract.

Six months prior to the completion date of this contract the Contractor shall submit a DRAFT transition plan to the NIAID Project Officer for review and approval, including, but not limited to:

- a. Cleaned and edited public use data set, on media to be determined at the time of delivery, as specified by the Project Officer, and copies of all data management tools, including, but not limited to, data documentation and data dictionaries, data entry software and editing programs to allow reading and analysis of the data.
- b. Appropriate computer programs capable of: (1) reading and manipulating all data, and (2) creating databases

- c. An audit trail of all raw data corrections, hard copies of the original data collected from study participants from all studies supported by this contract, and all logs and other records related to data collection, entry, editing, analysis and transfer.
- d. Delivery of final summaries of clinical and animal studies based on material supplied by the Clinical Studies Consortium and the Animal Studies Consortium.
- e. A data set of all the Registry contents and copies of all data management tools including full documentation of the organization of the information and access.

[END OF STATEMENT OF WORK]

**NOTES TO OFFEROR
RFP NIH-NIAID-DAIT-04-08**

**ATOPIC DERMATITIS AND VACCINIA NETWORK (ADV N) –
STATISTICAL AND DATA COORDINATING CENTER (SDCC)**

Note 1 Technical Proposal shall include:

(for task described in paragraphs 4. and 7. of the SOW)

- A proposed plan for clinical site monitoring and training, addressing the requirements set forth in the Statement of Work. Include samples of similar plans, policies and procedures currently or previously used by the offeror to implement clinical site monitoring and training activities.
- A detailed plan for the proposed facility and a list of all equipment and resources to be dedicated to the contract.
- Documentation of adherence to FDA requirements, including copies of any FDA audits conducted during the past four (4) years.

Note 2 Uniform Assumptions for Cost estimating purposes -- offerors shall assume:

Site Visits: *(for tasks described in paragraph 4. of the SOW)*

- Three-day site establishment visits will be conducted for two (2) Clinical Studies Consortium sites in Year 1.
- In the second and subsequent years, three-day site establishment visits will be conducted for a total of three (3) additional Clinical Studies Consortium sites.
- Interim site visits for all Clinical Studies Consortium sites will be conducted at least annually, or more frequently, as may be necessary.

Clinical Studies: *(for tasks described in paragraphs 4. and 5. of the SOW)*

- One clinical study in Year 1.
- Two clinical studies per year in Years 2-5.
- One of the clinical studies in Year 3 and both clinical studies in Years 4 and 5 will require INDs.
- One animal study in Year 1 and two studies per year in Years 2-5.

IND Sponsorship: *(for tasks described in paragraph 7. of the SOW)*

- For cost estimating purposes, assume that approximately 60 percent of the clinical studies requiring INDs conducted by the ADVN will involve IND sponsorship by the NIAID or by individual ADVN investigators.

ADV N Executive Committee and Subcommittees: Meetings/Conference Calls:

(for tasks described in paragraph 3. of the SOW)

- The ADVN Executive Committee will meet three (3) times per year, for two (2) days, in Bethesda, Maryland.
- The SDCC Principal Investigator and four (4) additional SDCC staff will attend these meetings.
- The ADVN Executive Committee will establish at least three (3) separate Subcommittees for: ethical conduct of clinical research involving human subjects; data analysis, publications and the release of information on ADVN activities and study findings; resource allocation; and other Subcommittees.
- The ADVN Subcommittees for these three (3) subcommittees shall:
 - Be composed of approximately five (5) members each.
 - Meet for at least one (1), two-day meeting annually (together with one of the Executive Committee meetings) for the entire contract period.
 - Conduct monthly conference calls in Year 1 and at least bi-monthly calls in Years 2-5.
 - Conduct 50% of the Subcommittee meetings in the Bethesda, Maryland area.
 - Conduct 50% of these meetings in the Chicago, Illinois area.

DSMB: *(for tasks described in paragraph 8. of the SOW)*

- One (1) DSMB composed of approximately eight (8) members (six full-time members and an average of two ad hoc members per meeting).
- The DSMB will meet once in Year 1 and semiannually in Years 2-5 in the Bethesda, Maryland area.
- Quarterly conference calls of the DSMB will be conducted.

REPORTING REQUIREMENTS and OTHER DELIVERABLES
RFP-NIH-NIAID-DAIT-04-08

ATOPIC DERMATITIS AND VACCINIA IMMUNIZATION NETWORK (ADVNI):
STATISTICAL AND DATA COORDINATING CENTER (SDCC)

a. **REPORTING REQUIREMENTS**

In addition to those reports required by the other terms of this contract, the Contractor shall prepare and submit the following reports during the period of performance of this contract. All reports shall contain a title page that includes:

- Contract number and title
- Type of report (Annual, Executive Committee, or Final)
- Period of performance being reported
- Contractor's name and address
- Author(s)
- Date of Submission

1) **Monthly Accrual and Site Registration Reports**

This material shall be submitted by the SDCC after review by the Clinical Studies Consortium. One copy of the Monthly Accrual and Site Registration Reports shall be provided to the NIAID Project Officer and one copy shall be provided to the Network Executive Committee Chairperson.

- a) For each clinical site enrolling study participants in open clinical protocols: projected overall accrual at each site; date of first enrollment; actual accrual to date; summary of all eligible patients per month and to date; and reasons for non-entry of eligible patients;
- b) For each clinical site in the process of registering and obtaining approval to participate in open clinical protocols: outstanding requirements for approval; anticipated date of approval; projected accrual; and any anticipated problems with protocol approval/implementation;
- c) Summary of the projected versus actual accrual to date for all approved clinical sites, and reasons for non-entry of eligible patients;
- d) For each approved laboratory study associated with an open clinical protocol or animal protocol: status of implementation; status of collection, shipping and receipt of patient samples; problems and/or issues associated with the collection, shipping or receipt of patient samples; and recommendations for resolving any such issues or problems; and
- e) Recommendations for modifications in study design, clinical site monitoring, or clinical site training appropriate to improve overall or site-specific accrual, including recommendations for increasing the number of participating clinical sites.

2) **Monthly Adverse Event (AE) Report**

After review by the Clinical Studies Consortium, the SDCC shall submit a report on all adverse events for each Network-sponsored open clinical protocol, including copies of adverse event report forms. One copy shall be provided to the NIAID Project Officer and one copy to the Network Executive Committee Chairperson.

3) **Executive Committee Reports**

Two (2) weeks in advance of each of the Executive Committee meetings, the ADVN shall be responsible for preparing for the NIAID the following items and any other relevant material. The Contractor shall submit the original of this report to the Contracting Officer and two copies to the NIAID Project Officer. The SDCC shall coordinate and submit the report, with the assistance of the Clinical and the Animal Studies Consortia. The report shall include:

- a) clinical studies planned, implemented, modified, completed or terminated/curtailed;
- b) animal studies planned, implemented, modified, completed or terminated/curtailed;
- c) pertinent interim and final data resulting from clinical studies;
- d) pertinent interim and final data resulting from animal studies;
- e) status of presentations and publications;
- f) numbers of patients, in each category, in the Registry;
- g) statistical design considerations;
- h) clinical site monitoring and training update;
- i) update on distribution of study products;
- j) regulatory issues, including the status of INDs;
- k) development and modifications of Standard Operating Procedures;
- l) policies and procedures developed or revised for the overall management and coordination of the ADVN; and
- m) recommendations for the modification, expansion, curtailment and/or termination of ongoing studies.

The Contractor shall provide additional verbal progress reports on these topics at the meetings of the Executive Committee for the Network.

4) **Annual Technical Report**

At the completion of each contract year, the Contractor shall submit to the NIAID the Annual Technical Report that summarizes the work accomplished in the preceding 12-month period and outlines work currently in progress. Each Annual Technical Report is due on/before the 30th of the month following each anniversary date of the contract. **An Annual Technical Report shall not be due when the Final Technical Report is submitted.** The Contractor shall submit the original of this report to the Contracting Officer and two copies to the NIAID Project Officer. The Annual Technical Report should be factual and concise and consist of the following:

Section I The scientific agenda for the ADVN and a brief description of any changes in scientific direction.

Section II Outline the status of all identified tasks from the Statement of Work and brief description of overall progress. This shall also incorporate the Executive Committee Report for the same period. The SDCC shall coordinate and submit the report with the assistance of the Clinical and Animal Studies Consortia.

Section III A brief description of all impediments in carrying out the Statement of Work, whether affecting performance or cost, and recommendations for their resolution.

Section IV A brief description of tasks to be completed during the next year and of any difficulties anticipated.

5) **Final Technical Report**

On/before the completion date of the contract, with the assistance of the Clinical and Animal Studies Consortium, the Contractor shall coordinate and submit the Final Technical Report for the entire period of performance. The Contractor shall submit the original of this report to the Contracting Officer and two copies to the NIAID Project Officer. This report shall include:

- a) a detailed description of the results of all research conducted under this contract;
- b) a scientific agenda to evaluate future research on reducing the risk of vaccinia immunization in atopic dermatitis patients, including: recommendations for the continuation, expansion or termination of clinical and animal studies undertaken by the ADVN;
- c) recommendations for the overall design of future clinical and animal studies;
- d) recommendations for the continuation, expansion or termination of the Registry of patients with atopic dermatitis who have documented disseminated infection with vaccinia virus and/or herpes simplex virus (i.e., eczema vaccinatum and/or eczema herpeticum) and/or persistent and severe infection with molluscum contagiosum; and
- e) a discussion of problems and obstacles encountered in organizing, managing and coordinating the activities of the ADVN, methods used to overcome problems and obstacles, and recommendations for improvements.

b. **OTHER DELIVERABLES**

Item	Description	Due
1)	Submit plans for the initiation of the Registry of patients with atopic dermatitis who have documented history of, or currently active, severe infection with vaccinia virus and/or herpes simplex virus and/or molluscum contagiosum virus.	Within sixty (60) days after award of this contract.
2)	Coordinate and submit updates for clinical and animal studies based on material supplied by the Clinical and Animal Studies Consortiums to the NIAID for review and approval.	Three times per year, prior to each Network Executive Committee Meeting.
3)	Submit, for NIAID review and approval, the final plan for the Registry of patients with atopic dermatitis who have documented disseminated infection with vaccinia virus and/or herpes simplex virus (i.e., eczema vaccinatum and/or eczema herpeticum) and/or persistent and severe infection with molluscum contagiosum.	Beginning in the seventh month of the first year of this contract.
4)	Deliver final summaries of clinical and animal studies based on material supplied by the Clinical and Animal Studies Consortium.	On/before the completion date of the contract.
5)	Deliver to the Government a cleaned and edited public use data set, on media to be determined at the time of delivery, as specified by the Project Officer, and copies of all data management tools, including, but not limited to, data documentation and data dictionaries, data entry software and editing programs to allow reading and analysis of the data.	On/before the completion date of the contract.
6)	Provide to the Government appropriate computer programs capable of: (1) reading and manipulating all data, and (2) creating databases. Additionally, at the completion of the contractor, the Contractor shall deliver to the Project Officer an audit trail of all raw data corrections, hard copies of the original data collected from study participants from all studies supported by this contract, and all logs and other records related to data collection, entry, editing, analysis and transfer.	On/before the completion date of the contract.
7)	Deliver to the Government a data set of all the Registry contents and copies of all data management tools.	On/before the completion date of the contract.

c. **Submission of Reports (Addressees):**

Copies of the technical reports shall be submitted to the addresses identified below. If the Contractor is unable to deliver the reports specified hereunder within the period of performance because of unforeseen difficulties, notwithstanding the exercise of good faith and diligent efforts in performance of the work, the Contractor shall give the Contracting Officer immediate written notice of anticipated delays, stating the reasons.

Report	No. of Copies	Addressee
Monthly Accrual and Site Registration Reports	1 copy 1 copy	NIAID Project Officer Network Executive Committee (Chairperson)
Monthly Adverse Event (AE) Reports	1 copy 1 copy	NIAID Project Officer Network Executive Committee (Chairperson)
Executive Committee Reports	Original 2 copies	Contracting Officer NIAID Project Officer
Annual Technical Report	Original 2 copies	Contracting Officer NIAID Project Officer
Final Technical Report	Original 2 copies	Contracting Officer NIAID Project Officer

Project Officer
 Division of Allergy, Immunology and Transplantation (DAIT)
 NIAID, NIH, DHHS
 6700-B Rockledge Drive
 Bethesda, MD 20892

Contracting Officer
 Contract Management Branch (CMB)
 DEA, NIAID, NIH, DHHS
 6700-B Rockledge Drive, Room 2230, MSC 7612
 Bethesda, MD 20892-7612

Network Executive Committee (Chairperson) - TBN

PART I - THE SCHEDULE

SECTIONS B - H -- UNIFORM CONTRACT FORMAT - GENERAL

A Sample Uniform Contract Format may be found at the following website:

<http://rcb.cancer.gov/rcb-internet/wkf/sample-contract.htm>

PART II – CONTRACT CLAUSES

SECTION I - CONTRACT CLAUSES

THE FOLLOWING PAGES CONTAIN A LISTING(S) OF GENERAL CLAUSES WHICH WILL BE APPLICABLE TO MOST CONTRACTS RESULTING FROM THIS RFP. HOWEVER, THE ORGANIZATIONAL STRUCTURE OF THE SUCCESSFUL OFFEROR(S) WILL DETERMINE THE SPECIFIC GENERAL CLAUSES LISTING TO BE CONTAINED IN THE CONTRACT(S) AWARDED FROM THIS RFP.

ARTICLE I.1. GENERAL CLAUSES FOR A COST-REIMBURSEMENT RESEARCH AND DEVELOPMENT CONTRACT – FAR 52.252-2, 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 URL: <http://www.arnet.gov/far/>.

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

FAR

<u>Clause No.</u>	<u>Date</u>	<u>Title</u>
52.202-1	Dec 2001	Definitions
52.203-3	Apr 1984	Gratuities (Over \$100,000)
52.203-5	Apr 1984	Covenant Against Contingent Fees (Over \$100,000)
52.203-6	Jul 1995	Covenant Against Contingent Fees (Over \$100,000)
52.203-7	Jul 1995	Anti-Kickback Procedures (Over \$100,000)
52.203-8	Jan 1997	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (Over \$100,000)
52.203-10	Jan 1997	Price or Fee Adjustment for Illegal or Improper Activity (Over \$100,000)
52.203-12	Jun 1997	Limitation on Payments to Influence Certain Federal Transactions (Over \$100,000)
52.204-4	Aug 2000	Printing/Copying Double-Sided on Recycled Paper (Over \$100,000)
52.209-6	Jul 1995	Protecting the Governments Interests When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (Over \$25,000)
52.215-2	Jun 1999	Audit and Records - Negotiation (Over \$100,000)
52.215-8	Oct 1997	Order of Precedence – Uniform Contract Format
52.215-10	Oct 1997	Price Reduction for Defective Cost or Pricing Data
52.215-12	Oct 1997	Subcontractor Cost or Pricing Data (Over \$500,000)
52.215-14	Oct 1997	Integrity of Unit Prices (Over \$100,000)
52.215-15	Dec 1998	Pension Adjustments and Asset Reversions
52.215-18	Oct 1997	Reversion or Adjustment of Plans for Post-Retirement Benefits (PRB) Other Than Pensions
52.215-19	Oct 1997	Notification of Ownership Changes
52.215-21	Oct 1997	Requirements for Cost or Pricing Data or Information Other Than Cost or Pricing Data - Modifications
52.216-7	Dec 2002	Allowable Cost and Payment
52.216-8	Mar 1997	Fixed Fee

52.219-8	Oct 2000	Utilization of Small Business Concerns (Over \$100,000)
52.219-9	Jan 2002	Small Business Subcontracting Plan (Over \$500,000)
52.219-16	Jan 1999	Liquidated Damages - Subcontracting Plan (Over \$500,000)
52.222-2	Jul 1990	Payment for Overtime Premium (Over \$100,000) (NOTE: The dollar amount in paragraph (a) of this clause is \$0 unless otherwise specified in the contract.)
52.222-3	Aug 1996	Convict Labor
52.222-26	Apr 2002	Equal Opportunity
52.222-35	Dec 2001	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans
52.222-36	Jun 1998	Affirmative Action for Workers with Disabilities
52.222-37	Dec 2001	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans
52.223-6	May 2001	Drug-Free Workplace
52.223-14	Oct 2000	Toxic Chemical Release Reporting
52.225-1	May 2002	Buy American Act - Supplies
52.225-13	Jul 2000	Restrictions on Certain Foreign Purchases
52.227-1	Jul 1995	Authorization and Consent, Alternate I (Apr 1984)
52.227-2	Aug 1996	Notice and Assistance Regarding Patent and Copyright Infringement (Over \$100,000)
52.227-11	Jun 1997	Patent Rights - Retention by the Contractor (Short Form) (NOTE: In accordance with FAR 27.303 (a) (2), paragraph (f) is modified to include the requirements in FAR 27.303 (a) (2) (i) through (iv). The frequency of reporting in (i) is annual.
52.227-14	Jun 1987	Rights in Data – General
52-232-9	Apr 1984	Limitation on Withholding of Payments
52.232-17	Jun 1996	Interest (Over \$100,000)
52.232-20	Apr 1984	Limitation of Cost
52.232-23	Jan 1986	Assignment of Claims
52.232-25	Feb 2002	Prompt Payment
52.232-25	Feb 2002	Prompt Payment, Alternate I (Feb 2002)
52.232-34	May 1999	Payment by Electronic Funds Transfer--Other Than Central Contractor Registration
52.233-1	July 2002	Disputes
52.233-3	Aug 1996	Protest After Award

52.242-1	Apr 1984	Notice of Intent to Disallow Costs
52.242-3	May 2001	Penalties for Unallowable Costs (Over \$500,000)
52.242-4	Jan 1997	Certification of Final Indirect Costs
52.242-13	Jul 1995	Bankruptcy (Over \$100,000)
52.243-2	Aug 1987	Changes - Cost Reimbursement, Alternate V (Apr 1984)
52.244-2	Aug 1998	Subcontracts, Alternate II (Aug 1998) *If written consent to subcontract is required, the identified subcontracts are listed in ARTICLE B., Advance Understandings.
52.244-5	Dec 1996	Competition in Subcontracting (Over \$100,000)
52.245-5	Jan 1986	Government Property (Cost-Reimbursement, Time and Material, or Labor Hour Contract)
52.246-23	Feb 1997	Limitation of Liability (Over \$100,000)
52.249-6	Sep 1996	Termination (Cost-Reimbursement)
52.249-14	Apr 1984	Excusable Delays

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

<u>HHSAR Clause No.</u>	<u>Date</u>	<u>Title</u>
352.202-1	Jan 2001	Definitions - with Alternate paragraph (h) (Jan 2001)
352.228-7	Dec 1991	Insurance - Liability to Third Persons
352.232-9	Apr 1984	Withholding of Contract Payments
352.233-70	Apr 1984	Litigation and Claims
352.242-71	Apr 1984	Final Decisions on Audit Findings
352.270-5	Apr 1984	Key Personnel
352.270-6	Jul 1991	Publication and Publicity

[END OF GENERAL CLAUSES FOR A COST-REIMBURSEMENT RESEARCH AND DEVELOPMENT CONTRACT – Rev. 04/2003]

ARTICLE I.2. AUTHORIZED SUBSTITUTIONS OF CLAUSES

Any authorized substitutions and/or modifications other than the General Clauses which will be based on the type of contract/Contractor will be determined during negotiations.

It is expected that the following clause(s) will be made part of the resultant contract:

FAR Clause 52.219-9, SMALL BUSINESS SUBCONTRACTING PLAN (JANUARY 2002) is deleted in its entirety.

FAR Clause 52.219-16, LIQUIDATED DAMAGES--SUBCONTRACTING PLAN (JANUARY 1999) is deleted in its entirety.

FAR Clause 52.232-20, LIMITATION OF COST, is deleted in its entirety and FAR Clause 52.232-22, LIMITATION OF FUNDS (APRIL 1984) is substituted therefor. **[Note: When this contract is fully funded, FAR Clause 52.232-22, LIMITATION OF FUNDS will no longer apply and FAR Clause 52.232-20, LIMITATION OF COST will become applicable.]**

Alternate I (FEBRUARY 2002), of FAR Clause 52.232-25, Prompt Payment (FEBRUARY 2002) is deleted.

ARTICLE I.3. ADDITIONAL CONTRACT CLAUSES

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses by reference, (unless otherwise noted), 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.

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

FAR 52.215-17, Waiver of Facilities Capital Cost of Money (OCTOBER 1997).

FAR 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (JANUARY 1999).

"(c) Waiver of evaluation preference.....

[] Offeror elects to waive the evaluation preference."

FAR 52.219-6, Notice of Total Small Business Set-Aside (JULY 1996).

FAR 52.224-1, Privacy Act Notification (APRIL 1984).

FAR 52.224-2, Privacy Act (APRIL 1984).

FAR 52.227-14, Rights in Data - General (JUNE 1987)

FAR 52.227-17, Rights in Data--Special Works (JUNE 1987).

FAR 52.239-1, Privacy or Security Safeguards (AUGUST 1996).

FAR 52.242-3, Penalties for Unallowable Costs (OCTOBER 1995).

FAR 52.247-63, Preference for U.S. Flag Air Carriers (APRIL 2003).

b. DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION REGULATION/PUBLIC HEALTH SERVICE ACQUISITION REGULATION (HHSAR)/(PHSAR) (48 CHAPTER 3) CLAUSES:

HHSAR 352.270-1, Accessibility of Meetings, Conferences and Seminars to Persons with Disabilities (APRIL 1984).

HHSAR 352.270-8, Protection of Human Subjects (JANUARY 2001).

Note: The Office for Human Research Protections (OHRP), Office of the Secretary (OS), Department of Health and Human Services (DHHS) is the office responsible for oversight of the Protection of Human subjects and should replace Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH) wherever it appears in this clause.

c. NATIONAL INSTITUTES OF HEALTH (NIH) RESEARCH CONTRACTING (RC) CLAUSES:

The following clauses are attached and made a part of this contract:

NIH (RC)-7, Procurement of Certain Equipment (APRIL 1984) (OMB Bulletin 81-16).

ARTICLE I.4. ADDITIONAL FAR CONTRACT CLAUSES INCLUDED IN FULL TEXT

Additional clauses other than those listed below which are based on the type of contract/Contractor shall be determined during negotiations. Any contract awarded from this solicitation will contain the following:

This contract incorporates the following clauses in full text.

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

FAR Clause 52.244-6, SUBCONTRACTS FOR COMMERCIAL ITEMS COMMERCIAL COMPONENTS (APRIL 2003)

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

Commercial item, has the meaning contained in the clause at 52.202-1, Definitions.

Subcontract, includes a transfer of commercial items between divisions, subsidiaries, or affiliates of the Contractor or subcontractor at any tier.

(b) To the maximum extent practicable, the Contractor shall incorporate, and require its subcontractors at all tiers to incorporate, commercial items or nondevelopmental items as components of items to be supplied under this contract.

(c) (1) The Contractor shall insert the following clauses in subcontracts for commercial items:

- (i) 52.219-8, Utilization of Small Business Concerns (OCT 2000) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds \$500,000 (\$1,000,000 for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.
- (ii) 52.222-26, Equal Opportunity (APR 2002) (E.O. 11246).
- (iii) 52.222-35, Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (DEC 2001) (38 U.S.C. 4212(a)).
- (iv) 52.222-36, Affirmative Action for Workers with Disabilities (JUN 1998) (29 U.S.C. 793).
- (v) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (JUN 2000) (46 U.S.C. Appx 1241) (flowdown not required for subcontracts awarded beginning May 1, 1996).

(2) While not required, the Contractor may flow down to subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(d) The Contractor shall include the terms of this clause, including this paragraph (d), in subcontracts awarded under this contract.

PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

The following Attachments are provided in full text with this Solicitation:

[PACKAGING AND DELIVERY OF PROPOSALS](#) (Attached to this listing)

[HOW TO PREPARE AN ELECTRONIC PROPOSAL](#): (Attached to this listing)

[PROPOSAL INTENT RESPONSE SHEET](#) [SUBMIT ON/BEFORE: **[JUNE 27, 2003](#)**] (Attached to this listing)

[NOTE: Your attention is directed to the "Proposal Intent Response Sheet". If you intend to submit a proposal, you must complete this form and return it to this office via fax or e-mail on or before the date identified above. The receipt of this form is critical as it contains information essential for CMB's coordination of the electronic submission and review of proposals.]

RFP FORMS AND ATTACHMENTS:

THE RFP FORMS/ATTACHMENTS LISTED BELOW ARE AVAILABLE IN A VARIETY OF FORMATS AND MAY BE VIEWED OR DOWNLOADED DIRECTLY FROM THIS SITE:

<http://www.niaid.nih.gov/contract/ref.htm>

APPLICABLE TO TECHNICAL PROPOSAL (INCLUDE THESE DOCUMENTS/FORMS WITH YOUR TECHNICAL PROPOSAL):

➤ TECHNICAL PROPOSAL COVER SHEET

- NIH-1688-1, Project Objectives
- Technical Proposal Cost Information
- Summary of Related Activities
- Government Notice for Handling Proposals

➤ APPLICABLE TO BUSINESS PROPOSAL (INCLUDE WITH YOUR BUSINESS PROPOSAL):

- NIH-2043, Proposal Summary and Data Record
- Breakdown of Proposed Estimated Cost (plus fee) and Labor Hours
- Offeror's Points of Contact

➤ TO BECOME CONTRACT ATTACHMENTS (INFORMATION ONLY):

- NIH(RC)-4: Invoice/Financing Request and Contract Financial Reporting Instructions for NIH Cost-Reimbursement Type Contracts
- NIH(RC)-7: Procurement of Certain Equipment, (OMB Bulletin 81-16)
- Privacy Act System of Records
- Disclosure of Lobbying Activities, OMB Form LLL

PACKAGING/DELIVERY/ELECTRONIC SUBMISSION OF THE PROPOSAL

Listed below are delivery instructions for the submission of both PAPER and ELECTRONIC COPIES of your proposal.

PAPER SUBMISSION: The paper copy is the official copy for recording timely receipt of proposals. You are required to submit one original paper copy of your proposal along with the number of extra copies required below.

ELECTRONIC SUBMISSION: In addition to the paper submission, you are requested to submit your proposal electronically through the CRON (Contracts Review Online) in accordance with the instructions provided below. If you experience difficulty or are unable to transmit, you should submit your proposal on a CD-Rom or ZipDisk by an express delivery service. We can then upload your proposal into the electronic system. You must certify that both the original paper and electronic versions of the proposal are identical.

SUBMISSION OF PROPOSALS BY FACSIMILE IS NOT ACCEPTABLE.

Shipment and marking of paper copies shall be as indicated below:

A. EXTERNAL PACKAGE MARKING:

In addition to the address cited below, mark each package as follows:

"RFP NO. NIH-NIAID-DAIT-04-08
TO BE OPENED BY AUTHORIZED GOVERNMENT PERSONNEL ONLY"

B. NUMBER OF COPIES:

The number of copies required of each part of your proposal are as specified below.

Technical Proposal: One (1) unbound signed original and five (5) unbound copies. Ten (10) copies of all material not available electronically (i.e. SOPs, Pertinent Manuals, Nonscannable Figures or Data, and Letters of Collaboration/Intent).

Business Proposal: One (1) unbound signed original and 5 unbound copies.

C. PAPER COPIES and CD-Rom or ZipDisk to:

If Hand Delivery or Express Service	If using U.S. Postal Service
Terrie Latimer Contract Specialist Contract Management Branch, DEA NIAID, NIH 6700-B Rockledge Drive, Room 2230 Bethesda, Maryland 20817	Terrie Latimer Contract Specialist Contract Management Branch, DEA NIAID, NIH 6700-B Rockledge Drive, Room 2230, MSC 7612 Bethesda, Maryland 20892-7612

NOTE: All material sent to this office by Federal Express should be sent to the Hand Carried Address.

NOTE: The U.S. Postal Service's "Express Mail" does not deliver to the hand delivered (20817 zip code) address. Any package sent to this address via this service will be held at a local post office for pick-up. THE GOVERNMENT IS NOT 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," in accordance with HHSAR 352.215-70, Late Proposals and Revisions (NOV 1986).

HOW TO PREPARE AND SUBMIT AN ELECTRONIC PROPOSAL

PAGE LIMITS – THE TECHNICAL PROPOSAL IS LIMITED TO NOT-TO-EXCEED 150 PAGES. PAGES THAT ARE 2-SIDED WILL COUNT AS 2 PAGES. [THIS PAGE LIMIT INCLUDES: Appendices, Attachments, Operating Manuals, Non-Scannable Figures or Data, Letters of Intent, etc.]. ANY PORTIONS OF YOUR PROPOSAL NOT AVAILABLE ELECTRONICALLY ARE ALSO CONSIDERED TO BE INCLUDED IN THE TOTAL PAGE LIMITATION. PAGES IN EXCESS OF THIS LIMITATION WILL BE REMOVED FROM THE PROPOSAL AND WILL NOT BE READ OR EVALUATED.

Note that although no page limit has been placed on the Business Proposal, offerors are encouraged to limit its content to only those documents necessary to provide adequate support for the proposed costs.

ELECTRONIC SUBMISSION – To submit a proposal electronically under this RFP, offerors will need to prepare the proposal on a word processor or spreadsheet program (for the business portion) and convert them to Adobe Acrobat Portable Document Format (.pdf). THE TECHNICAL PROPOSAL AND BUSINESS PROPOSAL MUST BE CONTAINED ON SEPARATE FILES which must be identified as either TECHNICAL or BUSINESS and include some recognizable portion of the ORGANIZATION NAME.

Please note that the electronic submission does not replace the requirement to submit a signed, unbound original paper copy of both your Technical and Business Proposal, along with any required unbound duplicate copies. These paper originals should be mailed or hand-delivered to the address provided in this attachment and must be received on/before the closing date and time.

There is no limit to the size (MB) of the two electronic PDF files to be submitted; however, the size of the technical proposal is limited to the page limitation language outlined above. For purposes of assessing compliance with the page count, technical proposals will be viewed using the print function of the Adobe Acrobat Reader, Version 4.0 (or higher).

Formatting Requirements:

- Do not embed sound or video (e.g., MPEG) files into the proposal documents. The evaluation system does not have the capability to read these files.
- Documents must be converted to a .pdf searchable format.
- Keep graphics embedded in documents as simple as possible. Complex graphics require longer periods for the computers used in the evaluation system to draw, and redraw these figures and scrolling through the document is slowed significantly.
- Type density and size must be 10 to 12 points. If constant spacing is used, there should be no more than 15 cpi, whereas proportional spacing should provide an average of no more than 15 cpi. There must be no more than six lines of text within a vertical inch. Margins must be set to 1 inch around.
- Paper size should not exceed 8-1/2 x 11. Larger paper sizes will be counted as 2 pages.
- Limit colors to 256 colors at 1024 x 768 resolution; avoid color gradients.
- Simplify the color palette used in creating figures.
- Be aware of how large these graphics files become. Large files are discouraged.
- Limit scanned images as much as possible.
- Limit appendices and attachments to relevant technical proposal information (e.g., SOPs, pertinent manuals, non-scannable figures or data, resumes, letters of commitment/intent).

SUBMISSION OF “PROPOSAL INTENT RESPONSE SHEET”:

Upon receipt by the Contracting Officer of the “Proposal Intent Response Sheet”, offerors will be provided, via e-mail correspondence, specific electronic access information and electronic proposal transmission instructions. For this reason, it is imperative that all offerors who are intending to submit a proposal in response to this RFP contact the Contract Specialist identified in this RFP and complete and submit the attached “Proposal Intent Response Sheet” by the date provided on that Attachment.

CREATE ADOBE PDF ONLINE -- Adobe will allow you to create 5 documents on a trial for free. If you want to use the site regularly it costs \$10/month or \$100/year. Please link to the following URL for information:

<https://createpdf.adobe.com/index.pl/3847995518.39272?BP=IE>

LOG-IN / TRANSMISSION INSTRUCTIONS:

1. Log-in Site: Will be provided by the Contract Specialist after receipt of the "Proposal Intent Response Sheet"
 2. Log-in Name: Will be provided by the Contract Specialist via e-mail.
 3. Log-in Password: Will be provided by the Contract Specialist via e-mail.
4. Procedure -- When your proposal is completed and converted to a PDF file using Adobe Acrobat, it is ready to be transmitted electronically. You must upload separate Technical and Business Proposal Files. It is recommended that proposals be transmitted a few days before the due date so that you will have sufficient time to overcome any transmission difficulties.
- You must have Explorer 3.1 or higher.
 - It is essential that you use antiviral software to scan all documents.
 - Click on "Sign On" and enter your log-in name and password.
 - Click on "Browse" to locate your saved files on your computer.
 - Click on "Upload Proposal" after you have located the correct file.
 - After a file is uploaded, a link to the file will appear under "Upload Files" at the bottom of the screen. Click on that link to view the uploaded file.
 - If you experience difficulty in accessing your documents, please contact the appropriate NIH contracts office immediately.
 - If you wish to revise your proposal before the closing date and time, simply log in again and re-post.

USER ACCESS TO THE POSTING SITE WILL BE DENIED AFTER THE RFP CLOSING DATE AND TIME PROVIDED WITH THIS RFP OR ITS MOST RECENT AMENDMENT(S).

PROPOSAL INTENT RESPONSE SHEET

RFP No.: NIH-NIAID-DAIT-04-08

RFP Title: Atopic Dermatitis and Vaccinia Immunization Network: Statistical and Data Coordinating Center

Please review the attached Request for Proposal. Furnish the information requested below and return this page by **JUNE 27, 2003**. Your expression of intent is not binding but will greatly assist us in planning for proposal evaluation.

Since your proposal will also be submitted electronically, please include the name and e-mail of the individual to whom the electronic proposal instructions, login code, and password should be provided.

DO INTEND TO SUBMIT A PROPOSAL

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

Company/Institution Name (print): _____

Address (print): _____

Project Director's Name (print): _____

Title (print): _____

Signature/Date: _____

Telephone Number and E-mail Address (print clearly):

***Name of individual to whom electronic proposal instructions should be sent:**

Name: _____

Title: _____

E-Mail Address: _____

Telephone Number: _____

Names of Collaborating Institutions and Investigators (include Subcontractors and Consultants) (print):

(Continue list on a separate page if necessary)

RETURN VIA FAX OR E-MAIL TO:

CMB, NIAID, NIH

Room 2230

6700-B Rockledge Drive, MSC 7612

Bethesda, MD 20892-7612

Attn: Terrie Latimer

RFP-NIH-NIAID-DAIT-04-08

FAX# (301) 480-5253 or (301) 402-0972

Email : flatimer@niaid.nih.gov

PART IV – REPRESENTATIONS AND INSTRUCTIONS

SECTION K - REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

Representations, Certifications, and Other Statements of Offerors or Quoters (Negotiated).

1. REPRESENTATIONS AND CERTIFICATIONS

The Representations and Certifications required by this particular acquisition can be accessed electronically from the INTERNET at the following address:

<http://rcb.cancer.gov/rcb-internet/forms/rcneg.pdf>

If you are unable to access this document electronically, you may request a copy from the Contracting Officer identified on the cover page of this solicitation.

IF YOU INTEND TO SUBMIT A PROPOSAL, YOU MUST COMPLETE AND SUBMIT ONE ORIGINAL OF THE REPRESENTATIONS AND CERTIFICATIONS AND SUBMIT IT AS PART OF YOUR ORIGINAL BUSINESS PROPOSAL. ADDITIONALLY, A COMPLETED ORIGINAL MUST BE SUBMITTED FOR ANY PROPOSED SUBCONTRACTORS.

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

1. GENERAL INFORMATION

a. INSTRUCTIONS TO OFFERORS--COMPETITIVE ACQUISITION [FAR Clause 52.215-1 (May 2001)]

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

- (ii) (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and--
 - (1) If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of proposals; or
 - (2) There is acceptable evidence to establish that it was received at the Government installation designated for receipt of offers and was under the Government's control prior to the time set for receipt of offers; or
 - (3) It is the only proposal received.
 - (B) However, a late modification of an otherwise successful proposal that makes its terms more favorable to the Government, will be considered at any time it is received and may be accepted.
 - (iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.
 - (iv) If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.
 - (v) Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, Facsimile Proposals. Proposals may be withdrawn in person by an offeror or an authorized representative, if the identity of the person requesting withdrawal is established and the person signs a receipt for the proposal before award.
- (4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.
 - (5) Offerors shall submit proposals in response to this solicitation in English, unless otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.
 - (6) Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.
 - (7) Offerors may submit revised proposals only if requested or allowed by the Contracting Officer.
 - (8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.
- (d) *Offer expiration date.* Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).

[Note: In accordance with HHSAR 352.215-1, the following paragraph (e) is substituted for the subparagraph (e) of the provision at FAR 52.215-1.]

- (e) *Restriction on disclosure and use of data.* (1) The proposal submitted in response to this request may contain data (trade secrets; business data, e.g., commercial information, financial information, and cost and pricing data; and technical data) which the offeror, including its prospective subcontractor(s), does not want used or disclosed for any purpose other than for evaluation of the proposal. The use and disclosure of any data may be so restricted; provided, that the Government determines that the data is not required to be disclosed under the Freedom of Information Act,

5 U.S.C. 552, as amended, and the offeror marks the cover sheet of the proposal with the following legend, specifying the particular portions of the proposal which are to be restricted in accordance with the conditions of the legend. The Government's determination to withhold or disclose a record will be based upon the particular circumstances involving the record in question and whether the record may be exempted from disclosure under the Freedom of Information Act. The legend reads:

Unless disclosure is required by the Freedom of Information Act, 5 U.S.C. 552, as amended, (the Act) as determined by Freedom of Information (FOI) officials of the Department of Health and Human Services, data contained in the portions of this proposal which have been specifically identified by page number, paragraph, etc. by the offeror as containing restricted information shall not be used or disclosed except for evaluation purposes.

The offeror acknowledges that the Department may not be able to withhold a record (data, document, etc.) nor deny access to a record requested pursuant to the Act and that the Department's FOI officials must make that determination. The offeror hereby agrees that the Government is not liable for disclosure if the Department has determined that disclosure is required by the Act.

If a contract is awarded to the offeror as a result of, or in connection with, the submission of this proposal, the Government shall have right to use or disclose the data to the extent provided in the contract. Proposals not resulting in a contract remain subject to the Act.

The offeror also agrees that the Government is not liable for disclosure or use of unmarked data and may use or disclose the data for any purpose, including the release of the information pursuant to requests under the Act. The data subject to this restriction are contained in pages (insert page numbers, paragraph designations, etc. or other identification).

(2) In addition, the offeror should mark each page of data it wishes to restrict with the following statement:

“Use or disclosure of data contained on this page is subject to the restriction on the cover sheet of this proposal or quotation.”

(3) Offerors are cautioned that proposals submitted with restrictive legends or statements differing in substance from the above legend may not be considered for award. The Government reserves the right to reject any proposal submitted with a nonconforming legend.

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

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

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

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

- (5) The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.
- (6) The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.
- (7) Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.
- (8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.
- (9) If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.
- (10) A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.
- (11) The Government may disclose the following information in postaward debriefings to other offerors:
 - (i) The overall evaluated cost or price and technical rating of the successful offeror;
 - (ii) The overall ranking of all offerors, when any ranking was developed by the agency during source selection;
 - (iii) A summary of the rationale for award; and
 - (iv) For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror.

(End of Provision)

Alternate I (October 1997). As prescribed in 15.209(a)(1), substitute the following paragraph (f)(4) for paragraph (f)(4) of the basic provision:

(f) (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.

b. NOTICE OF SMALL BUSINESS SET-ASIDE

- (a) **General.** Bids or proposals under this procurement are solicited only from small business concerns. The procurement is to be awarded only to one or more such concerns, organizations, or individuals. This action is based on a determination by the Contracting Officer, alone or in conjunction with a representative of the Small Business Administration, that it is in the interest of maintaining or mobilizing the Nation's full productive capacity, or in the interest of war or national defense programs, or in the interest of assuring that a fair proportion of Government procurement is placed with small business concerns. Bids or proposals received from others will be considered non-responsive.

(b) **Definitions.** The term "small business concern" means a concern, including its affiliates, which is independently owned and operated, is not dominant in the field of operation in which it is bidding on Government contracts, and can further qualify under the criteria set forth in the regulations of the Small Business Administration (13 CFR 121.3-8). In addition to meeting these criteria, a manufacturer or a regular dealer submitting bids or proposals in his own name must agree to furnish in the performance of the contract end items manufactured or produced in the United States, its territories and possessions, Commonwealth of Puerto Rico, the Trust Territory of the Pacific Islands, and the District of Columbia, by small business concerns. Provided, that this additional requirement does not apply in connection with construction or service contracts.

c. NAICS CODE AND SIZE STANDARD

Note: The following information is to be used by the offeror in preparing its Representations and Certifications (See Section K of this RFP), specifically in completing the provision entitled, SMALL BUSINESS PROGRAM REPRESENTATION, FAR Clause 52.219-1.

- (1) The North American Industry Classification System (NAICS) code for this acquisition is 541710.
- (2) The small business size standard is 500 employees.

d. TYPE OF CONTRACT AND NUMBER OF AWARD(S)

It is anticipated that ONE AWARD(S) will be made from this solicitation and that the award(s) will be made on/about February 17, 2004.

It is anticipated that the award(s) from this solicitation will be a multiple-year, cost-reimbursement, completion type contract with a period of performance of five (5) years, and that incremental funding will be used [see Section L.2.c. Business Proposal Instructions].

e. ESTIMATE OF EFFORT

It is expected that a completion type contract will be awarded as a result of this RFP. To assist you in the preparation of your proposal, the Government considers the effort to be approximately 12,272 labor hours per year (a total of ~ 6 FTEs). This information is furnished for the offeror's information only and is not to be considered restrictive for proposal purposes. For proposal preparation, you can assume the following:

- Year 1: 20% reduced because only 1 clinical study, no IND
- Year 2: 10% reduced because no IND
- Year 3: standard activity
- Year 4: 10% more because 2 INDs
- Year 5: 10% more because 2 INDs

f. COMMITMENT OF PUBLIC FUNDS

The Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed procurement. Any other commitment, either explicit or implied, is invalid.

g. COMMUNICATIONS PRIOR TO CONTRACT AWARD

Offerors shall direct all communications to the attention of the Contract Specialist or Contracting Officer cited on the face page of this RFP. Communications with the Project Officer or other officials may compromise the competitiveness of this acquisition and result in cancellation of the requirement.

h. RELEASE OF INFORMATION

Contract selection and award information will be disclosed to offerors in accordance with regulations applicable to negotiated acquisition. Prompt written notice will be given to unsuccessful offerors as they are eliminated from the competition, and to all offerors following award.

i. COMPARATIVE IMPORTANCE OF PROPOSALS

You are advised that paramount consideration shall be given to the evaluation of technical proposals. All evaluation factors other than cost or price, when combined, are significantly more important than cost or price. The relative importance of the evaluation factors is specified in SECTION M of this solicitation. However, the Government reserves the right to make an award to the best advantage of the Government, cost and other factors considered.

j. PREPARATION COSTS

This RFP does not commit the Government to pay for the preparation and submission of a proposal.

k. SERVICE OF PROTEST (AUGUST 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:

Brenda J. Velez
Contracting Officer
Contract Management Branch, DEA
National Institute of Allergy and Infectious Diseases
6700-B Rockledge Drive, Room 2230, MSC 7612
BETHESDA, MD 20892-7612

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

(End of Provision)

l. LATE PROPOSALS AND REVISIONS, HHSAR 352.215-70

Notwithstanding the procedures contained in FAR 52.215-1(c)(3) of the provision of this solicitation entitled Instructions to Offerors—Competitive Acquisition, a proposal received after the date specified for receipt may be considered if it offers significant cost or technical advantages to the Government; and it was received before proposals were distributed for evaluation, or within five calendar days after the exact time specified for receipt, whichever is earlier.

(End of provision)

m. USE OF INTERNET WEB SITE ADDRESSES (URLs) IN PROPOSALS

Unless otherwise specified or required in NIAID solicitations, internet Web Site addresses (URLs) may not be used to provide information necessary to the conduct of the review of the proposal. Direct access to an internet site by a Reviewer who is examining and reviewing the proposal on behalf of the NIAID could compromise their anonymity during the review process. If a URL contains information pertinent to the proposal content, the offeror must provide access to the website via a temporary website portal which allow reviewers the capability to view and interact with the site.

The proposal must clearly identify the URLs to be accessed and the procedure for accessing the temporary website portal. Access must not require the identity of the individual.

n. POSSESSION, USE AND TRANSFER OF SELECT BIOLOGICAL AGENTS OR TOXINS

The following notice is applicable when contract performance is expected to involve possession, use and/or transfer of select biological agents or toxins:

Notice to Offerors of Requirements of: 42 CFR Part 73, Select Agents and Toxins (relating to public health and safety); **Agricultural Bioterrorism Protection Act of 2002**, which consists of **7 CFR Part 331, Possession, Use, and Transfer of Biological Agents and Toxins** (relating to plant health or plant products); and **9 CFR Part 121, Possession, Use, and Transfer of Biological Agents and Toxins** (relating to human and animal health, animal health or animal products) - **December 13, 2002**

These regulations implement the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, and the USA Patriot Act. They are designed to improve the United States Government's ability to prevent, prepare for, and respond to bioterrorism and other public health emergencies. Unless exempted, entities must receive a certificate of registration or be authorized to work with the applicable select agents as follows:

For possession, use and transfer of biological agents or toxins that have been determined to have the potential to pose a severe threat to: 1) public health and safety; 2) both human and animal health, animal health, or animal products; and/or 3) plant health or plant products, registration information must be submitted to the Centers for Disease Control and Prevention, Department of Health and Human Services (DHHS) or the Animal and Plant Health Inspection Service (APHIS), U.S. Department of Agriculture (USDA) as applicable.

Listings of HHS Select Agents and Toxins, biologic agents and toxins, and Overlap agents or toxins as well as information about the registration process, can be obtained on the Select Agent Program Web site at <http://www.cdc.gov/od/sap/>

2. INSTRUCTIONS TO OFFERORS

a. 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.

Contract Type and General Clauses

It is contemplated that a cost-reimbursement, completion type contract will be awarded. (See General Information) Any resultant contract shall include the clauses applicable to the selected offeror's organization and type of contract awarded as required by Public Law, Executive Order, or acquisition regulations in effect at the time of execution of the proposed contract.

Authorized Official and Submission of Proposal

The proposal must be signed by an official authorized to bind your organization and must stipulate that it is predicated upon all the terms and conditions of this RFP. Your proposal shall be submitted in the number of copies, to the addressees, and marked as indicated in the Attachment entitled, PACKAGING AND DELIVERY OF PROPOSAL, Part III, Section J, hereof. Proposals will be typewritten, paginated, reproduced on letter size 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. COVER PAGE

Include RFP title, number, name of organization, identification of the proposal part, and indicate whether the proposal is an original or a copy.

a. Project Objectives, NIH-1688-1

The Offeror shall insert a completed NIH Form 1688-1, Project Objective, as provided in Section J, Attachments, behind the Title Page of each copy of the proposal, along with the "Government Notice for Handling Proposals." The NIH Form 1688-1 is to be completed as follows:

- **For an Institution of Higher Education: The form MUST be completed in its entirety.**
- **For OTHER than an Institution of Higher Education: The starred items (Department, Service, Laboratory or Equivalent, and Major Subdivision) should be left blank.**

The information required under the "Summary of Objectives" portion of the form MUST meet the requirements set forth in the section of the form entitled, "INSTRUCTIONS:"

II. TECHNICAL PROPOSAL

It is recommended that the technical proposal consist of a cover page, a table of contents, and the information requested in the Technical Proposal Instructions and as specified in SECTION J, List of Attachments.

III. BUSINESS PROPOSAL

It is recommended that the business proposal consist of a cover page, a table of contents, and the information requested in the Business Proposal Instructions and as specified in SECTION J, List of Attachments.

(3) Proposal Summary and Data Record (NIH-2043)

The Offeror must complete the Form NIH-2043, attached, with particular attention to the length of time the proposal is firm and the designation of those personnel authorized to conduct negotiations. (See Section J, Attachment entitled, PROPOSAL SUMMARY AND DATA RECORD).

(4) Separation of Technical and Business Proposals

The proposal must be prepared in two parts: a "Technical Proposal" and a "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 must include direct cost and resources information, such as labor-hours and categories and applicable rates, materials, subcontracts, travel, etc., and associated costs so that the offeror's understanding of the project may be evaluated (See Attachment entitled, TECHNICAL PROPOSAL COST INFORMATION/SUMMARY OF LABOR AND DIRECT COSTS.) However, the technical proposal should **not** include pricing data relating to individual salary information, indirect cost rates or amounts, fee amounts (if any), and total costs. The technical proposal should disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of the technical proposal instructions.

(5) Alternate Proposals

You may, at your discretion, submit alternate proposals, or proposals which deviate from the requirements; provided, that you also submit a proposal for performance of the work as specified in the statement of work. Such proposals may be considered if overall performance would be improved or not compromised and if they are in the best interests of the Government. Alternative proposals, or deviations from any requirements of this RFP, shall be clearly identified.

(6) Evaluation of Proposals

The Government will evaluate technical proposals in accordance with the criteria set forth in PART IV, SECTION M of this RFP.

(7) Potential Award Without Discussions

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.

(8) Use of the Metric System of Measurement

It is the policy of the Department of Health and Human Services to support the Federal transition to the metric system and to use the metric system of measurement in all procurements, grants, and other business related activities unless such use is impracticable or is likely to cause significant inefficiencies.

The offeror is encouraged to prepare their proposal using either "Hard Metric," "Soft Metric," or "Dual Systems" of measurement. The following definitions are provided for your information:

Hard Metric - The replacement of a standard inch-pound size with an accepted metric size for a particular purpose. An example of size substitution might be: selling or packaging liquids by the liter instead of by the pint or quart (as for soft drinks), or instead of by the gallon (as for gasoline).

Soft Metric - The result of a mathematical conversion of inch-pound measurements to metric equivalents for a particular purpose. The physical characteristics are not changed.

Dual Systems - The use of both inch-pound and metric systems. For example, an item is designed, produced, and described in inch-pound values with soft metric values also shown for information or comparison purposes.

(9) **Human Subjects**

IMPORTANT NOTE TO OFFERORS: The following 6 paragraphs [(9) through (14)] shall be addressed in a SEPARATE SECTION of the Technical Proposal entitled, "HUMAN SUBJECTS."

The following notice is applicable when contract performance is expected to involve risk to human subjects:

Notice to Offerors of Requirements of 45 CFR Part 46, Protection of Human Subjects (JANUARY 2001)

- a) Copies of the Department of Health and Human Services (Department) regulations for the protection of human subjects, 45 CFR Part 46, are available from the Office of Protection from Research Risks (OPRR), National Institutes of Health (NIH), Bethesda, Maryland 20892*. The regulations provide a systematic means, based on established ethical principles, to safeguard the rights and welfare of individuals who participate as subjects in research activities supported or conducted by the Department.
- b) The regulations define a human subject as a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or identifiable private information. The regulations extend to the use of human organs, tissue and body fluids from individually identifiable human subjects as well as to graphic, written or recorded information derived from individually identifiable human subjects. The use of autopsy materials is governed by applicable State and local law and is not directly regulated by 45 CFR, Part 46.
- c) Activities in which the only involvement of human subjects will be in one or more of the categories set forth in 45 CFR 46.101(b)(1-6) are exempt from coverage.
- d) Inappropriate designations of the noninvolvement of human subjects or of exempt categories of research in a project may result in delays in the review of a proposal. The National Institutes of Health will make a final determination of whether the proposed activities are covered by the regulations or are in an exempt category, based on the information provided in the proposal. In doubtful cases, prior consideration with OPRR*, (telephone: 301-496-7014*), is recommended.
- e) In accordance with 45 CFR, Part 46, prospective Contractors being considered for award shall be required to file with OPRR* an acceptable Assurance of Compliance with the regulations, specifying review procedures and assigning responsibilities for the protection of human subjects. The initial and continuing review of a research project by an institutional review board shall assure that the rights and welfare of the human subjects involved are adequately protected, that the risks to the subjects are reasonable in relation to the potential benefits, if any, to the subjects and the importance of the knowledge to be gained, and that informed consent will be obtained by methods that are adequate and appropriate. Prospective Contractors proposing research that involves human subjects shall be contacted by OPRR* and given detailed instructions for establishing an institutional review board and filing an Assurance of Compliance.
- f) It is recommended that OPRR* be consulted for advice or guidance concerning either regulatory requirements or ethical issues pertaining to research involving human subjects. (End of Provision)

**Note: The Office for Human Research Protections (OHRP), Office of the Secretary (OS), Department of Health and Human Services (DHHS) is the office responsible for oversight of the Protection of Human subjects and should replace Office for Protection from Research Risks (OPRR), National Institutes of Health (NIH) wherever it appears in this provision. The phone number to reach this office is 301-496-7014. For more information, the OHRP website may be accessed at <http://ohrp.osophs.dhhs.gov/> Copies of the DHHS Regulations for the Protection of Human Subjects, 45 CFR Part 46, are also available on line at http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr46_01.html.*

(10) Instructions to Offerors Regarding Protection of Human Subjects

Offerors must address the following human subjects protections issues if this contract will be for research involving human subjects (note: under each of the following points below, the offeror should indicate whether the information provided relates to the primary research site, or to a collaborating performance site(s), or to all sites:

(a) Risks to the subjects

Human Subjects Involvement and Characteristics:

- Describe the proposed involvement of human subjects in response to the solicitation.
- Describe the characteristics of the subject population, including their anticipated number, age range, and health status.
- Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as fetuses, pregnant women, children, prisoners, institutionalized individuals, or others who are likely to be vulnerable populations.

Sources of Materials:

- Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data.

Potential Risks:

- Describe the potential risks to subjects (physical, psychological, social, legal, or other) and assess their likelihood and seriousness to the subjects.
- Describe alternative treatments and procedures, including the risks and benefits of the alternative treatments and procedures, to participants in the proposed research, where appropriate.

(b) Adequacy of Protection Against Risks

Recruitment and Informed Consent:

- Describe plans for the recruitment of subjects and the procedures for obtaining informed consent. Include a description of the circumstances under which consent will be sought and obtained, who will seek it, the nature of the information to be provided to prospective subjects, and the method of documenting consent. The informed consent document for the contractor and any collaborating sites should be submitted only if requested elsewhere in the solicitation. Be aware that an IRB-approved informed consent document for the contractor and any participating collaborative sites must be provided to the Government prior to patient accrual or participant enrollment.

Protection Against Risk:

- Describe the procedures for protecting against or minimizing potential risks, including risks to confidentiality, and assess their likely effectiveness.
- Discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects to the subjects where appropriate.
- In studies that involve interventions, describe the provisions for data and safety monitoring of the research to ensure the safety of subjects.

(c) Potential Benefits of the Proposed Research to the Subjects and Others

- Discuss the potential benefits of the research to the subjects and others.
- Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and others.
- Describe treatments and procedures that are alternatives to those provided to the participants by the proposed research, where appropriate.

(d) Importance of the Knowledge to be Gained

- Discuss the importance of the knowledge gained or to be gained as a result of the proposed research.
- Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that may reasonably be expected to result.

Note: If a test article (investigational new drug, device, or biologic) is involved, name the test article and state whether the 30-day interval between submission of offeror's certification to the Food and Drug Administration (FDA) and its response has elapsed or has been waived and/or whether the FDA has withheld or restricted use of the test article.

Collaborating Site(s)

When research involving human subjects will take place at collaborating site(s) or other performance site(s), the offeror must provide in this section of its proposal a list of the collaborating sites and their assurance numbers. Further, if you are awarded a contract, you must obtain in writing, and keep on file, an assurance from each site that the previous points have been adequately addressed at a level of attention that is at least as high as that documented at your organization. Site(s) added after an award is made must also adhere to the above requirements.

(11) Required Education in the Protection of Human Research Participants

NIH policy requires education on the protection of human subject participants for all investigators submitting NIH proposals for contracts for research involving human subjects. This policy announcement is found in the NIH Guide for Grants and Contracts Announcement dated June 5, 2000 at the following website: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-039.html>. Offerors should review the policy announcement prior to submission of their offers. The following is a summary of the Policy Announcement:

For any solicitation for research involving human subjects, the offeror shall provide in its technical proposal the following information: (1) a list of the names of the principal investigator and any other individuals proposed under the contract who are responsible for the design and/or conduct of the research; (2) the title of the education program completed (or to be completed prior to the award of the contract) for each named personnel; (3) a one sentence description of the program(s) listed in (2) above. This requirement extends to investigators and all individuals responsible for the design and/or conduct of the research who are working as subcontractors or consultants under the contract.

Curricula that are readily available and meet the educational requirement include the NIH on-line tutorial, titled "Protection of Human Research Subjects: Computer-Based Training for Researchers," available at <http://ohsr.od.nih.gov/cbt/>. You may download the information at this site at no cost and modify it, if desired. In addition, the University of Rochester has made its training program available for individual investigators. Completion of this program will also satisfy the educational requirement. The University of Rochester manual can be obtained through Centerwatch, Inc. at http://www.centerwatch.com/order/pubs_profprotect.html. If an institution already has developed educational programs on the protection of research participants, completion of these programs also will satisfy the educational requirement.

In addition, prior to the substitution of the principal investigator or any other individuals responsible for the design and/or conduct of the research under the contract, the contractor shall provide the contracting officer with the title of the education program and a one sentence description of the program that the replacement has completed.

(12) **Inclusion of Women and Minorities in Research Involving Human Subjects**

It is NIH policy that women and members of minority groups and their sub-populations must be included in all NIH-supported clinical research projects involving human subjects, unless a clear and compelling rationale and justification establishes to the satisfaction of the relevant Institute/Center Director that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. The Director, NIH, may determine that exclusion under other circumstances is acceptable, upon the recommendation of an Institute/Center Director, based on a compelling rationale and justification. Cost is not an acceptable reason for exclusion except when the study would duplicate data from other sources. Women of childbearing potential should not be routinely excluded from participation in clinical research. This policy results from the NIH Revitalization Act of 1993 (Section 492B of Public Law 103-43), *and applies to research subjects of all ages*.

All investigators proposing research involving human subjects should read the UPDATED "NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research, Amended October 2001," published in the NIH Guide for Grants and Contracts on October 9, 2001 at the following web site:

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

These guidelines contain a definition of **clinical research** adopted in June 2001, as: "(1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies; (2) Epidemiologic and behavioral studies; and (3) Outcomes research and health services research" (<http://www.nih.gov/news/crp/97report/execsum.htm>).

Information Required for ALL Clinical Research Proposals

This solicitation contains a review criterion addressing the adequacy of: (1) the offeror's plans for inclusion of women and minorities in the research proposed; or (2) the offeror's justification(s) for exclusion of one or both groups from the research proposed.

Provide information on the composition of the proposed study population in terms of sex/gender and racial/ethnic groups and provide a rationale for selection of such subjects in response to the requirements of the solicitation. The description may include (but is not limited to) information on the population characteristics of the disease or condition being studied in the planned research, and/or described in the statement of work, national and local demography, knowledge of the racial/ethnic/cultural characteristics of the population, prior experience and collaborations in recruitment and retention of the populations and subpopulations to be studied, and the plans, arrangements and letters of commitment from relevant community groups and organizations for the planned research.

The proposal must include the following information:

- A description of the subject selection criteria
- The proposed dates of enrollment (beginning and end)
- A description of the proposed outreach programs for recruiting women and minorities as subjects
- A compelling rationale for proposed exclusion of any sex/gender or racial/ethnic group
- The proposed sample composition using the "Targeted/Planned Enrollment Table"(see Section J, Attachments)

NOTE 1: For all proposals, use the ethnic and racial categories and complete the “Targeted/Planned Enrollment Table in accordance with the Office of Management and Budget (OMB) Directive No. 15, which may be found at: <http://www.whitehouse.gov/OMB/fedreg/ombdir15.html>

NOTE 2: If this is an Indefinite Delivery, Indefinite Quantity (IDIQ) or Requirements contract as defined in FAR 16.5, the proposal should describe in general terms how it will comply with each bulleted item above for each task order. When the Government issues a task order request for proposal, each of the bulleted information items must be fully and specifically addressed in the proposal.

Standards for Collecting Data. When you, as a contractor, are planning data collection items on race and ethnicity, you shall use, at a minimum, the categories identified in OMB Directive No. 15. The collection of greater detail is encouraged. However, you should design any additional, more detailed items so that they can be aggregated into these required categories. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. When you collect race and ethnicity separately, you must collect ethnicity first. You shall offer respondents the option of selecting one or more racial designations. When you collect data on race and ethnicity separately, you shall also make provisions to report the number of respondents in each racial category who are Hispanic or Latino. When you present aggregate data, you shall provide the number of respondents who selected only one category, for each of the five racial categories. If you collapse data on multiple responses, you shall make available, at a minimum, the total number of respondents reporting “more than one race.” Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.

In addition to the above requirements, solicitations for **NIH defined Phase III clinical trials**¹ require that: a) all proposals and/or protocols provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide:

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm,
Definitions - Significant Difference),

by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable; and b) all contractors to report annually cumulative subject accrual, and progress in conducting analyses for sex/gender and race/ethnicity differences.

Offerors may obtain copies of the Updated Guidelines from the sources above or from the contact person listed in the solicitation.

Also, the proposal must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups, OR
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Use the form in Section J, Attachments, entitled, "Targeted/Planned Enrollment Table," when preparing your response to the solicitation requirements for inclusion of women and minorities.

Unless otherwise specified in this solicitation, the Government has determined that the work required by this solicitation does not involve a sex/gender specific study or a single or limited number of minority population groups.

¹See NIH Guide http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm for the Definition of an “NIH-Defined Phase III clinical trial.

Therefore, the NIH believes that the inclusion of women and minority populations is appropriate for this project. (See Section M of this RFP for more information about evaluation factors for award.)

Use the format for the Annual Technical Progress Report for Clinical Research Study Populations (See Section J - List of Documents, Exhibits and Other Attachments of the RFP) entitled, "Inclusion Enrollment Report," for reporting in the resultant contract.

(13) Inclusion of Children in Research Involving Human Subjects

It is NIH policy that children (defined below) must be included in all human subjects research, including, but not limited to, clinical trials, conducted under a contract funded by the NIH, unless there are *clear and compelling* reasons not to include them. **(See examples of Justifications for Exclusion of Children below).** For the purposes of this policy, contracts involving human subjects include categories that would otherwise be exempt from the DHHS Policy for Protection of Human Research Subjects (sections 101(b) and 401(b) of 45 CFR 46), such as surveys, evaluation of educational interventions, and studies of existing data or specimens that should include children as participants. This policy applies to both domestic and foreign research contracts.

For purposes of this policy, a child is defined as an individual under the age of 21 years.

All offerors proposing research involving human subjects should read the "NIH Policy and Guidelines on the Inclusion of Children as Participants in Research Involving Human Subjects" which was published in the NIH Guide for Grants and Contracts on March 6, 1998 and is available at the following URL address:

<http://www.nih.gov/grants/guide/notice-files/not98-024.html>

Offerors also may obtain copies from the contact person listed in the RFP.

Inclusion of children as participants in research must be in compliance with all applicable subparts of 45 CFR 46 as well as other pertinent laws and regulations whether or not such research is otherwise exempted from 45 CFR 46. Therefore, any proposals must include a description of plans for including children, unless the offeror presents clear and convincing justification for an exclusion. The "Human Subjects" section of your technical proposal should provide either a description of the plans to include children and a rationale for selecting or excluding a specific age range of child, or an explanation of the reason(s) for excluding children as participants in the research. This solicitation contains a review criterion addressing the adequacy of: (1) the plans for including children as appropriate for the scientific goals of the research; and/or (2) the justification of exclusion of children or exclusion of a specific age range of children.

When children are included, the plan also must include a description of: (1) the expertise of the investigative team for dealing with children at the ages included; (2) the appropriateness of the available facilities to accommodate the children; and, (3) the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation.

Justifications for Exclusion of Children

It is expected that children will be included in all research involving human subjects unless one or more of the following exclusionary circumstances can be fully justified:

- The objective of the solicitation is not relevant to children.
 - There are laws or regulations barring the inclusion of children in the research to be conducted under the solicitation.
 - The knowledge being sought in the research is already available for children or will be obtained from another ongoing study, and an additional study will be redundant. You should provide documentation of other studies justifying the exclusion.

- A separate, age-specific study in children is warranted and preferable. Examples include:
 - The relative rarity of the condition in children, as compared with adults (in that extraordinary effort would be needed to include children); or
 - The number of children is limited because the majority are already accessed by a nationwide pediatric disease research network; or
 - Issues of study design preclude direct applicability of hypotheses and/or interventions to both adults and children (including different cognitive, developmental, or disease stages of different age-related metabolic processes); or
 - Insufficient data are available in adults to judge potential risk in children (in which case one of the research objectives could be to obtain sufficient adult data to make this judgment). While children usually should not be the initial group to be involved in research studies, in some instances, the nature and seriousness of the illness may warrant their participation earlier based on careful risk and benefit analysis; or
 - Study designs aimed at collecting additional data on pre-enrolled adult study subjects (e.g., longitudinal follow-up studies that did not include data on children);
 - Other special cases justified by the offeror and found acceptable to the review group and the Institute Director

Definition of a Child

For the purpose of this solicitation, a child is defined as an individual under the age of 21 years.

The definition of child described above will pertain to this solicitation (notwithstanding the FDA definition of a child as an individual from infancy to 16 years of age, and varying definitions employed by some states). Generally, State laws define what constitutes a “child,” and such definitions dictate whether or not a person can legally consent to participate in a research study. However, State laws vary, and many do not address when a child can consent to participate in research. Federal Regulations (45 CFR 46, subpart D, Sec.401-409) address DHHS protections for children who participate in research, and rely on State definitions of “child” for consent purposes. Consequently, the children included in this policy (persons under the age of 21) may differ in the age at which their own consent is required and sufficient to participate in research under State law. For example, some states consider a person age 18 to be an adult and therefore one who can provide consent without parental permission.

(14) Data and Safety Monitoring in Clinical Trials

All offerors are directed to the full text of the NIH Policies regarding Data and Safety Monitoring and Reporting of Adverse Events that are found in the [NIH Guide for Grants and Contracts Announcements](#) at the following web sites:

<http://grants.nih.gov/grants/guide/notice-files/not98-084.html>
<http://grants.nih.gov/grants/guide/notice-files/not99-107.html>
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html>

All offerors receiving an award under this solicitation must comply with the NIH Policy cited in these NIH Announcements and any other data and safety monitoring requirements found elsewhere in this solicitation.

The following is a brief summary of the Data and Safety Monitoring and Adverse Event Reporting Requirements:

Data and Safety Monitoring is required for every clinical trial. Monitoring must be performed on a regular basis and the conclusions of the monitoring reported to the Project Officer.

The type of data and safety monitoring required will vary based on the type of clinical trial and the potential risks, complexity and nature of the trial. A plan for data and safety monitoring is required for all clinical trials. A general description of a monitoring plan establishes the overall framework for data and safety monitoring. It should describe the entity that will be responsible for the monitoring, and the policies and procedures for adverse event reporting. Phase III clinical trials generally require the establishment of a Data Safety Monitoring Board (DSMB). The establishment of a DSMB is optional for Phase I and Phase II clinical trials.

The DSMB/Plan is established at the time the protocol is developed and must be approved by both the Institutional Review Board (IRB) and the Government and in place before the trial begins. If the protocol will be developed under the contract awarded from this solicitation, a general description of the data and safety monitoring plan must be submitted as part of the proposal and will be reviewed by the scientific review group (Technical Evaluation Panel, (TEP)) convened to evaluate the proposal. If the protocol is developed and is included as part of the submitted proposal, a complete and specific data and safety monitoring plan must be submitted as part of the proposal.

Monitoring Plans, at a minimum, must include the prompt reporting of adverse events to the IRB, the NIH Office of Biotechnology Activities (OBA), and the Food and Drug Administration (FDA). Also, in the plan you should describe the frequency of reporting of the conclusions of the monitoring activities. The overall elements of each plan may vary depending on the size and complexity of the trial. The NIH Policy for Data and Safety Monitoring at <http://grants.nih.gov/grants/guide/notice-files/not98-084.html> describes examples of monitoring activities to be considered.

The frequency of monitoring will depend upon potential risks, complexity, and the nature of the trial; therefore a number of options for monitoring trials are available. These can include, but are not limited to, monitoring by a:

- Principal Investigator (required)
- Independent individual /Safety Officer
- Designated medical monitor
- Internal Committee or Board with explicit guidelines
- Data and Safety Monitoring Board (DSMB - required for multisite trials)
- Institutional Review Board (IRB - required)

For multi-site Phase I and Phase II trials, a central reporting entity that will be responsible for preparing timely summary reports of adverse events for distribution among sites and IRBs should be considered.

Organizations with a large number of clinical trials may develop standard monitoring plans for Phase I and Phase II trials. In this case, such organizations may include the IRB-approved monitoring plan as part of the proposal submission.

(15) Standards for Privacy of Individually Identifiable Health Information

The Department of Health and Human Services (DHHS) issued final modifications to the “Standards for Privacy of Individually Identifiable Health Information,” the “Privacy Rule,” on August 14, 2002. The Privacy Rule is a federal regulation under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that governs the protection of individually identifiable health information and is administered and enforced by the DHHS Office for Civil Rights (OCR). Those who must comply with the Privacy Rule (classified under the Rule as “covered entities” must do so by April 14, 2003 (with the exception of small health plans which have an extra year to comply.

Decisions about the applicability and implementation of the Privacy Rule reside with the contractor and his/her institution. The OCR Web site (<http://www.hhs.gov/ocr/>) provides information of the Privacy Rule, including a complete Regulation Text and a set of decision tools on “Am I a covered entity?” Information on the impact of the HIPAA Privacy Rule on NIH processes involving the review, award, and administration of grants, cooperative agreements and contracts can be found at: <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-03-025.html>.

(16) Obtaining and Disseminating Biomedical Research Resources

As a public sponsor of biomedical research, the National Institutes of Health (NIH) has a dual interest in accelerating scientific discovery and facilitating product development. Intellectual property restrictions can stifle the broad dissemination of new discoveries and limit future avenues of research and product development. At the same time, reasonable restrictions on the dissemination of research tools are sometimes necessary to protect legitimate proprietary interests and to preserve incentives for commercial development. To assist NIH contractors

achieve an appropriate balance, the NIH has provided guidance in the form of a two-part document, consisting of Principles setting forth the fundamental concepts and Guidelines that provide specific information to patent and license professionals and sponsored research administrators for implementation.

The purpose of these Principles and Guidelines is to assist NIH funding recipients in determining: 1) Reasonable terms and conditions for making NIH-funded research resources available to scientists in other institutions in the public and private sectors (disseminating research tools); and 2) Restrictions to accept as a conditions of receiving access to research tools for use in NIH-funded research (acquiring research tools). The intent is to help recipients ensure that the conditions they impose and accept on the transfer of research tools will facilitate further biomedical research, consistent with the requirements of the Bayh-Dole Act and NIH funding policy.

This policy, entitled, "Sharing Biomedical Research Resources: Principles and Guidelines for Recipients of NIH Research Grants and Contracts," (Federal Register Notice, December 23, 1999 [64 FR 72090] will be included in any contract awarded from this solicitation. It can be found at the following website:
<http://ott.od.nih.gov/NewPages/64FR72090.pdf>.

(17) Sharing Research Data

The NIH endorses the sharing of final research data to expedite the translation of research results into knowledge, products, and procedures to improve human health. This contract is expected to generate research data. **Therefore, the offeror must submit a plan for data sharing or state why data sharing is not possible. If data sharing is limited, the offeror should explain such limitations in its data sharing plan. NIH's data sharing policy may be found at the following Web site:**

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html>

**Note to Offeror: If this RFP is for a Multi-Center Clinical Trial or Epidemiological Study, the following paragraph will also apply.*

If the resultant contract is part of a collaborative program involving multiple sites, the data sharing will be governed by a dissemination plan to be developed jointly following award. Offerors must include in their proposals a statement of willingness to work collaboratively after award with the other funded sites to prepare a joint dissemination plan. Coordinating Center proposals should describe methods to coordinate the dissemination planning and implementation. The Coordinating Center must include a budget and justification for any additional costs of this collaborative effort.

(18) Specific Copyright Provisions Applicable to Software Development and/or Enhancements

Under the provisions of the Rights in Data General clause (52.227-14), contractors must seek permission to establish a copyright for software and associated data generated under a contract. As a general rule, permission is normally granted provided, a paid-up, world-wide, irrevocable, nonexclusive license to the government is provided. This is to advise offerors that for this project, the government intends to assert additional copyright permissions under this contract.

The scope of the Government's interest in the copyright will be determined during negotiations.

(19) Privacy Act (Treatment of Proposal Information)

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

The NIH is requesting the information called for in this RFP pursuant to the authority provided by Sec. 301(a)(7) of the Public Health Service Act, as amended, and P.L. 92-218, as amended.

Providing the information requested is entirely voluntary. 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.

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

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 NIH contracting programs. Authority for requesting this information is provided by Section 301 and Title IV of the PHS Act, as amended.

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

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

(20) Selection of Offerors

- a) The acceptability of the scientific and technical portion of each research contract proposal will be evaluated by a technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.
- b) The business portion of each contract proposal will be subjected to a cost and price analysis, management analysis, etc.
- c) If award will be made without conducting discussions, offerors may be given the opportunity to clarify certain aspects of their proposal (e.g., the relevance of an offeror's past performance information and adverse past performance information to which the offeror has not previously had an opportunity to respond) or to resolve minor or clerical errors.
- d) If the Government intends to conduct discussions prior to awarding a contract-
 - (1) Communications will be held with offerors whose past performance information is the determining factor preventing them from being placed within the competitive range. Such communications shall address adverse past performance information to which an offeror has not had a prior opportunity to respond. Also, communications may be held with any other offerors whose exclusion from, or inclusion in, the competitive range is uncertain.

Such communications shall not be used to cure proposal deficiencies or omissions that alter the technical or cost elements of the proposal, and/or otherwise revise the proposal, but may be considered in rating proposals for the purpose of establishing the competitive range.

- (2) The Contracting Officer will, in concert with program staff, decide which proposals are in the competitive range. The competitive range will be comprised of all of the most highly rated proposals. Oral or written discussions will be conducted with all offerors in the competitive range.

While it is this Institute's policy to conduct discussions with all offerors in the competitive range, the Institute reserves the right, in special circumstances, to limit the number of proposals included in the competitive range to the greatest number that will permit an efficient competition. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, and contractual terms and conditions. At the conclusion of discussions, each offeror still in the competitive range shall be given an opportunity to submit a written Final Proposal Revision (FPR) with the reservation of the right to conduct finalization of details with the selected sources in accordance with HHSAR 315.370.

- e) The process described in FAR 15.101-1 will be employed, which permits the Government to make tradeoffs among cost or price and non-cost factors and to consider award to other than the lowest price offeror or other than the highest technically rated offeror. This process will take into consideration the results of the technical evaluation, the past performance evaluation (if applicable) and the cost analysis.
- f) The Institute reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, the RFP may be amended or canceled as necessary to meet the Institute's requirements. Synopses of awards exceeding \$25,000 will be published in the FedBizOpps.

(21) HUBZone Small Business Concerns

Small Business offerors located in underutilized business zones, called "HUBZones," will be evaluated in accordance with FAR Clause 52.219-4, NOTICE OF PRICE EVALUATION PREFERENCE FOR HUBZONE SMALL BUSINESS CONCERNS, which is incorporated by reference in ARTICLE I.3. of this solicitation. Qualified HUBZone firms are identified in the Small Business Administration website at <http://www.sba.gov/hubzone>.

(22) Reimbursement of Costs for Independent Research and Development Projects (Commercial Organizations Only)

The primary purpose of the Public Health Service (PHS) is to support and advance independent research within the scientific community. This support is provided in the form of contracts and grants totaling approximately 7 billion dollars annually. PHS has established effective, time tested and well recognized and accepted procedures for stimulating and supporting this independent research by selecting from multitudes of proposals those research projects most worthy of support within the constraints of its appropriations. The reimbursement of independent research and development costs not incidental to product improvement, through the indirect cost mechanism, would circumvent this competitive process.

To ensure that all research and development projects receive similar and equal consideration, all offerors may compete for direct funding for independent research and development projects they consider worthy of support by submitting those projects to the appropriate Public Health Service grant and/or contract office for review. Since these projects may be submitted for direct funding, the successful offeror agrees that no costs for any independent research and development project, including applicable indirect costs, will be claimed under any contract resulting from this solicitation.

(23) Salary Rate Limitation in Fiscal Year 2003

NOTE: This award is intended to be made in Fiscal Year 2004. The current Fiscal Year 2003 Salary Rate Limitations should be adhered to in the preparation of your proposal. All costs associated with any resultant award will be required to be in compliance with the current Fiscal Year 2003 limitations and will be subject to change based on Fiscal Year 2004 Salary Rate Limitations.

Offerors are advised that pursuant to P.L. 108-7, no NIH Fiscal Year 2003 (October 1, 2002 - September 30, 2003) funds may be used to pay the direct annual salary of an individual through any contract awarded as a result of this solicitation at a rate in excess of the Executive Schedule, Level I (direct salary is exclusive of Overhead, Fringe Benefits and General and Administrative expenses, also referred to as "indirect cost" or "facilities and administrative

(F&A) costs"). Direct salary has the same meaning as the term "institutional base salary." An individual's direct salary (or institutional base salary) is the annual compensation that the contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care or other activities. Direct salary (or institutional base salary) excludes any income that an individual may be permitted to earn outside of duties to the contractor.

This does not preclude the offeror from absorbing that portion of an employee's annual salary (plus the dollar amount for fringe benefits and associated indirect costs) that exceeds a rate of the Executive Schedule, Level I. The salary rate limitation set by P.L. 108-7 applies only to Fiscal Year 2003 funds, however, salary rate ceilings for subsequent years may be included in future DHHS appropriation acts. Multi-year contracts awarded pursuant to this solicitation may be subject to unilateral modifications by the Government if an individual's annual salary exceeds any salary rate ceiling established in future appropriations acts. The Executive Schedule, Level I annual salary rate limit also applies to individuals proposed under subcontracts, however it does not apply to consultants. P.L. 108-7 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 extramural mechanism at a rate in excess of Executive Level I."

LINK TO EXECUTIVE SCHEDULE SALARIES: <<http://www.opm.gov/oca/PAYRATES/index.htm>>
(click on "Executive Schedule" for the current Fiscal Year's salary rate or scroll down to the "General Schedule Salary Tables from Previous Years" to locate the Executive Level salary rates from previous years).

(24) Institutional Responsibility Regarding Conflicting Interests of Investigators

EACH INSTITUTION MUST:

- (a) Maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F and/or 45 CFR Part 94 as appropriate and inform each investigator of the Institution's policy, the Investigator's reporting responsibilities, and the applicable regulations. If the Institution carries out the NIH funded research through subgrantees, contractors or collaborators, the Institution must take reasonable steps to ensure that Investigators working for such entities comply with the regulations, either by requiring those investigators to comply with the Institution's policy or by requiring the entities to provide assurances to the Institution that will enable the Institution to comply with the regulations.
- (b) Designate an Institutional official(s) to solicit and review financial disclosure statements from each Investigator who is planning to participate in NIH-funded research.
- (c) Require that by the time an application/proposal is submitted to the NIH each investigator who is planning to participate in the NIH-funded research has submitted to the designated official(s) a listing of his/her known Significant Financial Interests (and those of his/her spouse and dependent children): (i) that would reasonably appear to be affected by the research for which the NIH funding is sought; and (ii) in entities whose financial interests would reasonably appear to be affected by the research. All financial disclosures must be updated during the period of the award, either on an annual basis or as new reportable Significant Financial Interests are obtained.
- (d) Provide guidelines consistent with the regulations for the designated official(s) to identify conflicting interests and take such actions as necessary to ensure that such conflicting interests will be managed, reduced, or eliminated.
- (e) Maintain records, identifiable to each award, of all financial disclosures and all actions taken by the institution with respect to each conflicting interest for: (1) in the case of grants, at least three years from the date of submission of the final expenditures report or, where applicable, from other dates specified in 45 CFR Part 74.53(b) and (2) in the case of contracts, 3 years after final payment or, where applicable, for the other time period specified in 48 CFR Part 4 Subpart 4.7, Contract Records Retention.

- (f) Establish adequate enforcement mechanisms and provide for sanctions where appropriate.
- (g) Certify, in each application/proposal for funding to which the regulations applies, that:
 - 1) there is in effect at the Institution a written and enforced administrative process to identify and manage, reduce or eliminate conflicting interests with respect to all research projects for which funding is sought from the NIH;
 - 2) prior to the Institution's expenditure of any funds under the award, the Institution will report to the awarding component the existence of a conflicting interest (but not the nature of the interest or other details) found by the Institution and assure that the interest has been managed, reduced or eliminated in accord with the regulations; and for any interest that the Institution identifies as conflicting subsequent to the expenditure of funds after award, the report will be made and the conflicting interest managed, reduced, or eliminated, at least on a temporary basis within sixty days of that identification;
 - 3) the Institution agrees to make information available, upon request, to the awarding component regarding all conflicting interests identified by the Institution and how those interested have been managed, reduced, or eliminated to protect the research from bias; and
 - 4) the Institution will otherwise comply with the regulations.

INSTITUTIONAL MANAGEMENT OF CONFLICTING INTERESTS

- (a) The designated official(s) must: (1) review all financial disclosures; and (2) determine whether conflict of interest exists, and if so, determine what actions should be taken by the Institution to manage, reduce or eliminate such conflict of interest. **A conflict of interest exists when the designated official(s) reasonably determines that a Significant Financial Interest could directly and significantly affect the design, conduct, or reporting of the NIH-funded research.**

Examples of conditions or restrictions that might be imposed to manage actual or potential conflicts of interests include, but are not limited to:

- (i) public disclosure of significant financial interests;
 - (ii) monitoring of research by independent reviewers;
 - (iii) modification of the research plan;
 - (iv) disqualification of the Investigator(s) from participation in all or a portion of the research funded by the awarding component;
 - (v) divestiture of significant financial interests; or
 - (vi) severance of relationships that create actual or potential conflicts of interests.
- (b) An Institution may require the management of other conflicting financial interests in addition to those described in paragraph (a) of this section, as the Institution deems appropriate.

(25) Electronic and Information Technology Accessibility

Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by P.L.105-220 under Title IV (Rehabilitation Act Amendments of 1998) and the Architectural and Transportation Barriers Compliance Board Electronic and Information Technology (EIT) Accessibility Standards (36 CFR part 1194) require that all EIT acquired must ensure that:

- 1. Federal employees with disabilities have access to and use of information and data that is comparable to the access and use by Federal employees who are not individuals with disabilities; and
- 2. Members of the public with disabilities seeking information or services from an agency have access to and use of information and data that is comparable to the access to and use of information and data by members of the public who are not individuals with disabilities.

This requirement includes the development, maintenance, and/or use of EIT products/services, therefore, any proposal submitted in response to this solicitation must demonstrate compliance with the established EIT Accessibility Standards.

Further information about Section 508 is available via the Internet at <http://www.section508.gov> .

(26) Prohibition on Contractor Involvement with Terrorist Activities

The Offeror/Contractor acknowledges that U. S. Executive Orders and Laws, including but not limited to E.O. 13224 and P.L. 107-56, prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor to ensure compliance with these Executive Orders and Laws. This clause must be included in all subcontracts issued under any resultant contract.

(27) Office of Health and Safety – Laboratory Registration / Select Agent Transfer Program

The awardee is responsible for ensuring that all work under this grant, cooperative agreement, or contract complies with all Federal requirements related to select agents including CDC's that can be found at <http://www.cdc.gov/od/ohs/lrsat.htm> and NIH's OBA that can be found at <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-02-052.html> .

(28) Solicitation Provisions Incorporated by Reference, FAR 52.252-1 (February 1998)

This Solicitation incorporates one or more 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 their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: <http://www.arnet.gov/far/>.

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1):

- a) Facilities Capital Cost of Money, FAR Clause 52.215-16, (October 1997).
- b) Order of Precedence-Uniform Contract Format, FAR Clause 52.215-8, (October 1997).
- c) Pre-award On-Site Equal Opportunity Compliance Evaluation, (Over \$10,000,000), FAR Clause 52.222-24, (February 1999).

b. TECHNICAL PROPOSAL INSTRUCTIONS

A detailed work plan must be submitted indicating how each aspect of the statement of work is to be accomplished. Your technical approach should be in as much detail as you consider necessary to fully explain your proposed technical approach or method. The technical proposal should reflect a clear understanding of the nature of the work being undertaken. The technical proposal must include information on how the project is to be organized, staffed, and managed. Information should be provided which will demonstrate your understanding and management of important events or tasks.

(1) Technical Discussions

The technical discussion included in the technical proposal should respond to the items set forth below:

a) Statement of Work

(1) Objectives

State the overall objectives and the specific accomplishments you hope to achieve. Indicate the rationale for your plan, and relation to comparable work in progress elsewhere. Review pertinent work already published which is relevant to this project and your proposed approach. This should support the scope of the project as you perceive it.

(2) Approach

Use as many subparagraphs, appropriately titled, as needed to clearly outline the general plan of work. Discuss phasing of research and, if appropriate, include experimental design and possible or probable outcome of approaches proposed.

(3) Methods

Describe in detail the methodologies you will use for the project, indicating your level of experience with each, areas of anticipated difficulties, and any unusual expenses you anticipate.

(4) Schedule

Provide a schedule for completion of the work and delivery of items specified in the statement of work. Performance or delivery schedules shall be indicated for phases or segments, as applicable, as well as for the overall program. Schedules shall be shown in terms of calendar months from the date of authorization to proceed or, where applicable, from the date of a stated event, as for example, receipt of a required approval by the Contracting Officer. Unless the request for proposal indicates that the stipulated schedules are mandatory, they shall be treated as desired or recommended schedules. In this event, proposals based upon the offeror's best alternative schedule, involving no overtime, extra shift or other premium, will be accepted for consideration.

b) Personnel

Describe the experience and qualifications of personnel who will be assigned for direct work on this program. Information is required which will show the composition of the task or work group, its general qualifications, and recent experience with similar equipment or programs. Special mention shall be made of direct technical supervisors and key technical personnel, and the approximate percentage of the total time each will be available for this program.

OFFERORS SHOULD ASSURE THAT THE PRINCIPAL INVESTIGATOR, AND ALL OTHER PERSONNEL PROPOSED, SHALL NOT BE COMMITTED ON FEDERAL GRANTS AND CONTRACTS FOR MORE THAN A TOTAL OF 100% OF THEIR TIME. IF THE SITUATION ARISES WHERE IT IS DETERMINED THAT A PROPOSED EMPLOYEE IS COMMITTED FOR MORE THAN 100% OF HIS OR HER TIME, THE GOVERNMENT WILL REQUIRE ACTION ON THE PART OF THE OFFEROR TO CORRECT THE TIME COMMITMENT.

(1) Principal Investigator/Project Director

List the name of the Principal Investigator/Project Director responsible for overall implementation of the contract and key contact for technical aspects of the project. Even though there may be co-investigators, identify the Principal Investigator/Project Director who will be responsible for the overall implementation of any awarded contract. Discuss the qualifications, experience, and accomplishments of the Principal Investigator/Project Director. State the estimated time to be spent on the project, his/her proposed duties, and the areas or phases for which he/she will be responsible.

(2) Other Investigators

List all other investigators/professional personnel who will be participating in the project. Discuss the qualifications, experience, and accomplishments. State the estimated time each will spend on the project, proposed duties on the project, and the areas or phases for which each will be responsible.

(3) Additional Personnel

List names, titles, and proposed duties of additional personnel, if any, who will be required for full-time employment, or on a subcontract or consultant basis. The technical areas, character, and extent of subcontract or consultant activity will be indicated and the anticipated sources will be specified and qualified. For all proposed personnel who are not currently members of the offeror's staff, a letter of commitment or other evidence of availability is required. A resume does not meet this requirement. Commitment letters for use of consultants and other personnel to be hired must include:

- The specific items or expertise they will provide.
- Their availability to the project and the amount of time anticipated.
- Willingness to act as a consultant.
- How rights to publications and patents will be handled.

(4) Resumes

Resumes of all key personnel are required. Each must indicate educational background, recent experience, specific or technical accomplishments, and a listing of relevant publications.

(2) Technical Evaluation

Proposals will be technically evaluated in accordance with the factors, weights, and order of relative importance as described in the Technical Evaluation Criteria (SEE SECTION M).

(3) Additional Technical Proposal Information

- a) Proposals which merely offer to conduct a program in accordance with the requirements of the Government's scope of work will not be eligible for award. The offeror must submit an explanation of the proposed technical approach in conjunction with the tasks to be performed in achieving the project objectives.
- b) The technical evaluation is conducted in accordance with the weighted technical evaluation criteria by an initial review panel. This evaluation produces a numerical score (points) which is based upon the information contained in the offeror's proposal only.

(4) Other Considerations

Record and discuss specific factors not included elsewhere which support your proposal. Using specifically titled subparagraphs, items may include:

- a) Any agreements and/or arrangements with subcontractor(s). Provide as much detail as necessary to explain how the statement of work will be accomplished within this working relationship.
- b) Unique arrangements, equipment, etc., which none or very few organizations are likely to have which is advantageous for effective implementation of this project.
- c) Equipment and unusual operating procedures established to protect personnel from hazards associated with this project.
- d) Other factors you feel are important and support your proposed research.
- e) Recommendations for changing reporting requirements if such changes would be more compatible with the offeror's proposed schedules.

(5) Information Technology Systems Security

If this project involves Information Technology, the proposal must present a detailed outline of its proposed Information Technology systems security program which complies with the requirements of the Statement of Work, the Computer Security Act of 1987 Office of Management and Budget (OMB) Circular A-130, Appendix III, "Security of Federal Automated Information Systems," and the DHHS Automated Information Systems Security Program Handbook (Release 2.0, dated May, 1994). The proposal will also need to include similar information for any subcontract proposed.

NOTE: OMB A-130 is accessible via web site: <http://www.whitehouse.gov/WH/EOP/OMB/html/circular.html>

c. BUSINESS PROPOSAL INSTRUCTIONS

(1) Basic Cost/Price Information

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. These elements will include, as applicable, direct labor, fringe benefits, travel, materials, subcontracts, purchased parts, shipping, indirect costs and rate, fee, and profit.

(2) Cost and Pricing Data

1. General Instructions

A. You must provide the following information on the first page of your pricing proposal:

- (1) Solicitation, contract, and/or modification number;
- (2) Name and address of offeror;
- (3) Name and telephone number of point of contact;
- (4) Name of contract administration office (if available);
- (5) Type of contract action (that is, new contract, change order, price revision/redetermination, letter contract, unpriced order, or other);
- (6) Proposed cost; profit or fee; and total;
- (7) Whether you will require the use of Government property in the performance of the contract, and, if so, what property;
- (8) Whether your organization is subject to cost accounting standards; whether your organization has submitted a CASB Disclosure Statement, and if it has been determined adequate; whether you have been notified that you are or may be in noncompliance with your Disclosure Statement or CAS, and, if yes, an explanation; whether any aspect of this proposal is inconsistent with your disclosed practices or applicable CAS, and, if so, an explanation; and whether the proposal is consistent with your established estimating and accounting principles and procedures and FAR Part 31, Cost Principles, and, if not, an explanation;
- (9) The following statement: This proposal reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.403-5(b)(1) and Table 15-2. By submitting this proposal, we grant the Contracting Officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless of type and form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price;
- (10) Date of submission; and
- (11) Name, title and signature of authorized representative.

B. In submitting your proposal, you must include an index, appropriately referenced, of all the cost or pricing data and information accompanying or identified in the proposal. In addition, you must annotate any future additions and/or revisions, up to the date of agreement on price, or an earlier date agreed upon by the parties, on a supplemental index.

C. As part of the specific information required, you must submit, with your proposal, cost or pricing data (that is, data that are verifiable and factual and otherwise as defined at FAR 15.401). You must clearly identify on your cover sheet that cost or pricing data are included as part of the proposal. In addition, you must submit with your proposal any information reasonably required to explain your estimating process, including--

- (1) The judgmental factors applied and the mathematical or other methods used in the estimate, including those used in projecting from known data; and
- (2) The nature and amount of any contingencies included in the proposed price.

- D. You must show the relationship between contract line item prices and the total contract price. You must attach cost-element breakdowns for each proposed line item, using the appropriate format prescribed in the "Formats for Submission of Line Item Summaries" section of this table. You must furnish supporting breakdowns for each cost element, consistent with your cost accounting system.
- E. When more than one contract line item is proposed, you must also provide summary total amounts covering all line items for each element of cost.
- F. Whenever you have incurred costs for work performed before submission of a proposal, you must identify those costs in your cost/price proposal.
- G. If you have reached an agreement with Government representatives on use of forward pricing rates/factors, identify the agreement, include a copy, and describe its nature.
- H. As soon as practicable after final agreement on price or an earlier date agreed to by the parties, but before the award resulting from the proposal, you must, under the conditions stated in FAR 15.406-2, submit a Certificate of Current Cost or Pricing Data.

2. Cost Elements

Depending on your system, you must provide breakdowns for the following basic cost elements, as applicable:

- A. **Materials and services.** Provide a consolidated priced summary of individual material quantities included in the various tasks, orders, or contract line items being proposed and the basis for pricing (vendor quotes, invoice prices, etc.). Include raw materials, parts, components, assemblies, and services to be produced or performed by others. For all items proposed, identify the item and show the source, quantity, and price. Conduct price analyses of all subcontractor proposals. Conduct cost analyses for all subcontracts when cost or pricing data are submitted by the subcontractor. Include these analyses as part of your own cost or pricing data submissions for subcontracts expected to exceed the appropriate threshold in FAR 15.403-4. Submit the subcontractor cost or pricing data as part of your own cost or pricing data as required in paragraph 2.A.(2) of this table. These requirements also apply to all subcontractors if required to submit cost or pricing data.
 - (1) *Adequate Price Competition.* Provide data showing the degree of competition and the basis for establishing the source and reasonableness of price for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding, or expected to exceed, the appropriate threshold set forth at FAR 15.403-4 priced on the basis of adequate price competition. For interorganizational transfers priced at other than the cost of comparable competitive commercial work of the division, subsidiary, or affiliate of the contractor, explain the pricing method (see FAR 31.205-26(e)).
 - (2) *All Other.* Obtain cost or pricing data from prospective sources for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding the threshold set forth in FAR 15.403-4 and not otherwise exempt, in accordance with FAR 15.403-1(b) (i.e., adequate price competition, commercial items, prices set by law or regulation or waiver). Also provide data showing the basis for establishing source and reasonableness of price. In addition, provide a summary of your cost analysis and a copy of cost or pricing data submitted by the prospective source in support of each subcontract, or purchase order that is the lower of either \$10,000,000 or more, or both more than the pertinent cost or pricing data threshold and more than 10 percent of the prime contractor's proposed price. The Contracting Officer may require you to submit cost or pricing data in support of proposals in lower amounts. Subcontractor cost or pricing data must be accurate, complete and current as of the date of final price agreement, or an earlier date agreed upon by the parties, given on the prime contractor's Certificate of Current Cost or Pricing Data. The prime contractor is responsible for updating a prospective subcontractor's data. For standard commercial items fabricated by the offeror that are generally stocked in inventory, provide a separate cost breakdown, if priced based on cost. For interorganizational transfers priced at cost, provide a separate breakdown of cost elements. Analyze the cost or pricing data and submit the results of your analysis of the prospective source's proposal.

When submission of a prospective source's cost or pricing data is required as described in this paragraph, it must be included along with your own cost or pricing data submission, as part of your own cost or pricing data. You must also submit any other cost or pricing data obtained from a subcontractor, either actually or by specific identification, along with the results of any analysis performed on that data.

- B. **Direct Labor.** Provide a time-phased (e.g., monthly, quarterly, etc.) breakdown of labor hours, rates, and cost by appropriate category, and furnish bases for estimates.
- C. **Indirect Costs.** Indicate how you have computed and applied your indirect costs, including cost breakdowns. Show trends and budgetary data to provide a basis for evaluating the reasonableness of proposed rates. Indicate the rates used and provide an appropriate explanation.
- D. **Other Costs.** List all other costs not otherwise included in the categories described above (e.g., special tooling, travel, computer and consultant services, preservation, packaging and packing, spoilage and rework, and Federal excise tax on finished articles) and provide bases for pricing.
- E. **Royalties.** If royalties exceed \$1,500, you must provide the following information on a separate page for each separate royalty or license fee:
 - (1) Name and address of licensor.
 - (2) Date of license agreement.
 - (3) Patent numbers.
 - (4) Patent application serial numbers, or other basis on which the royalty is payable.
 - (5) Brief description (including any part or model numbers of each contract item or component on which the royalty is payable).
 - (6) Percentage or dollar rate of royalty per unit.
 - (7) Unit price of contract item.
 - (8) Number of units.
 - (9) Total dollar amount of royalties.
 - (10) If specifically requested by the Contracting Officer, a copy of the current license agreement and identification of applicable claims of specific patents (see FAR 27.204 and 31.205-37).
- F. **Facilities Capital Cost of Money.** When you elect to claim facilities capital cost of money as an allowable cost, you must submit Form CASB-CMF and show the calculation of the proposed amount (see FAR 31.205-10).

3. **Formats for Submission of Line Item Summaries**

The detailed breakdown shall be in the format as shown on the form **Breakdown of Proposed Estimated Cost (plus fee) and Labor Hours** (SECTION J, List of Attachments). For each separate cost estimate, the offeror must furnish a breakdown by cost element as indicated above. In addition, summary total amounts shall be furnished. In the event the RFP cites specific line items, by number, a cost breakdown for each line item must be furnished.

- 4. There is a clear distinction between submitting cost or pricing data and merely making available books, records, and other documents without identification. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the offeror have been submitted, either actually or by specific identification, to the Contracting Officer or an authorized representative. As later information comes into your possession, it should be submitted promptly to the Contracting Officer in a manner that clearly shows how the information relates to the offeror's price proposal. The requirement for submission of cost or pricing data continues up to the time of agreement on price, or an earlier date agreed upon between the parties if applicable.

5. By submitting your proposal, you grant the Contracting Officer or an authorized representative the right to examine records that formed the basis for the pricing proposal. That examination can take place at any time before award. It may include those books, records, documents, and other types of factual information (regardless of form or whether the information is specifically referenced or included in the proposal as the basis for pricing) that will permit an adequate evaluation of the proposed price.
- (3) Requirements for Cost or Pricing Data or Information Other than Cost and Pricing Data [FAR Clause 52.215-20 (October 1997)]
 - (a) Exceptions from cost or pricing data.
 - (1) In lieu of submitting cost or pricing data, offerors may submit a written request for exception by submitting the information described in the following subparagraphs. The Contracting Officer may require additional supporting information, but only to the extent necessary to determine whether an exception should be granted, and whether the price is fair and reasonable.
 - (i) Identification of the law or regulation establishing the price offered. If the price is controlled under law by periodic rulings, reviews, or similar actions of a governmental body, attach a copy of the controlling document, unless it was previously submitted to the contracting office.
 - (ii) Commercial item exception. For a commercial item exception, the offeror shall submit, at a minimum, information on prices at which the same item or similar items have previously been sold in the commercial market that is adequate for evaluating the reasonableness of the price for this acquisition. Such information may include--
 - (A) For catalog items, a copy of or identification of the catalog and its date, or the appropriate pages for the offered items, or a statement that the catalog is on file in the buying office to which the proposal is being submitted. Provide a copy or describe current discount policies and price lists (published or unpublished), e.g., wholesale, original equipment manufacturer, or reseller. Also explain the basis of each offered price and its relationship to the established catalog price, including how the proposed price relates to the price of recent sales in quantities similar to the proposed quantities;
 - (B) For market-priced items, the source and date or period of the market quotation or other basis for market price, the base amount, and applicable discounts. In addition, describe the nature of the market;
 - (C) For items included on an active Federal Supply Service Multiple Award Schedule contract, proof that an exception has been granted for the schedule item.
 - (2) The offeror grants the Contracting Officer or an authorized representative the right to examine, at any time before award, books, records, documents, or other directly pertinent records to verify any request for an exception under this provision, and the reasonableness of price. For items priced using catalog or market prices, or law or regulation, access does not extend to cost or profit information or other data relevant solely to the offeror's determination of the prices to be offered in the catalog or marketplace.
 - (b) Requirements for cost or pricing data. If the offeror is not granted an exception from the requirement to submit cost or pricing data, the following applies:
 - (1) The offeror shall prepare and submit cost or pricing data and supporting attachments in accordance with Table 15-2 of FAR 15.408.
 - (2) As soon as practicable after agreement on price, but before contract award (except for unpriced actions such as letter contracts), the offeror shall submit a Certificate of Current Cost or Pricing Data, as prescribed by FAR 15.406-2.

(End of provision)

Alternate I (October 1997). As prescribed in 15.408(l), substitute the following paragraph (b)(1) for paragraph (b)(1) of the basic provision:

(b) (1) The offeror shall submit cost or pricing data and supporting attachments in the following format:

The format specified in paragraph L.2.c.(4) Cost and Pricing Data, subparagraph 3. Formats for Submission of Line Item Summaries shall be used for the submission cost information. Submission of all other cost or pricing data shall be in accordance with Table 15-2 in FAR 15.408.

(4) Qualifications of the Offeror

You are requested to submit a summary of your "General Experience, Organizational Experience Related to this RFP, Performance History and Pertinent Contracts."

a) **General Experience**

General experience is defined as general background, experience and qualifications of the offeror. A discussion of proposed facilities which can be devoted to the project may be appropriate.

b) **Organizational Experience Related to the RFP**

Organizational experience is defined as the accomplishment of work, either past or on-going, which is comparable or related to the effort required by this RFP. This includes overall offeror or corporate experience, **but not** the experience and/or past performance of individuals who are proposed as personnel involved with the Statement of Work in this RFP.

c) **Performance History**

Performance history is defined as meeting contract objectives within **delivery** and **cost schedules** on efforts, either past or on-going, which is comparable or related to the effort required by this RFP.

d) **Pertinent Contracts**

Pertinent contracts is defined as a listing of each related contract completed within the last three years or currently in process. The listing should include: 1) the contract number; 2) contracting agency; 3) contract dollar value; 4) dates contract began and ended (or ends); 5) description of contract work; 6) explanation of relevance of work to this RFP; 7) actual delivery and cost performance versus delivery and cost agreed to in the contract(s). For award fee contracts, separately state in dollars the base fee and award fee available and the award fee actually received. The same type of organizational experience and past performance data should be submitted.

e) **Pertinent Grants**

List grants supported by the Government that involved similar or related work to that called for in this RFP. Include the grant number, involved agency, names of the grant specialist and the Science Administrator, identification of the work, and when performed.

You are cautioned that omission or an inadequate or inaccurate response to this very important RFP requirement could have a negative effect on the overall selection process. Experience and past performance are factors which are relevant to the ability of the offerors to perform and are considered in the source selection process.

(5) Other Administrative Data

a) **Property**

- (1) It is DHHS 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 the offeror is proposing that the Government provide any equipment, other than that specified under Government Furnished Property in the RFP, the proposal must include comprehensive justification which includes:
 - (a) An explanation that the item is for a special use essential to the direct performance of the contract and the item will be used exclusively for the purpose. Office equipment such as desks, office machines, etc., will not be provided under a contract except under very exceptional circumstances.
 - (b) No practical or economical alternative exists (e.g., rental, capital investment) that can be used to perform the work.
- (2) The offeror shall identify Government-owned property in its possession and/or Contractor titled property acquired from Federal funds, which it proposes to use in the performance of the prospective contract.
- (3) The management and control of any Government property shall be in accordance with DHHS Publication (OS) 686 entitled, "Contractors Guide for Control of Government Property (1990)," a copy of which will be provided upon request.

b) **Submission of Electronic Funds Transfer Information with Offer, FAR Clause 52.232-38 (MAY 1999)**

The offeror shall provide, with its offer, the following information that is required to make payment by electronic funds transfer (EFT) under any contract that results from this solicitation. This submission satisfies the requirement to provide EFT information under paragraphs (b)(1) and (j) of the clause at 52.232-34, Payment by Electronic Funds Transfer--Other than Central Contractor Registration.

- (1) The solicitation number (or other procurement identification number).
- (2) The offeror's name and remittance address, as stated in the offer.
- (3) The signature (manual or electronic, as appropriate), title, and telephone number of the offeror's official authorized to provide this information.
- (4) The name, address, and 9-digit Routing Transit Number of the offeror's financial agent.
- (5) The offeror's account number and the type of account (checking, savings, or lockbox).
- (6) If applicable, the Fedwire Transfer System telegraphic abbreviation of the offeror's financial agent.
- (7) If applicable, the offeror shall also provide the name, address, telegraphic abbreviation, and 9-digit Routing Transit Number of the correspondent financial institution receiving the wire transfer payment if the offeror's financial agent is not directly on-line to the Fedwire and, therefore, not the receiver of the wire transfer payment.

c) **Financial Capacity**

The offeror shall indicate if it has 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.

d) **Incremental Funding**

An incrementally funded cost-reimbursement contract is a contract in which the total work effort is to be performed over a multiple year period and funds are allotted, as they become available, to cover discernible phases or increments of performance. The incremental funding technique allows for contracts to be awarded for periods in excess of one year even though the total estimated amount of funds expected to be obligated for the contract are not available at the time of the contract award. If this requirement is specified elsewhere in this RFP, the offeror shall submit a cost proposal for each year. In addition, the following provisions are applicable:

HHSAR 352.232-75, Incremental Funding (January 2001)

- (a) It is the Government's intention to negotiate and award a contract using the incremental funding concepts described in the clause entitled Limitation of Funds. Under the clause, which will be included in the resultant contract, initial funds will be obligated under the contract to cover the first year of performance. Additional funds are intended to be allotted to the contract by contract modification, up to and including the full estimated cost of the contract, to accomplish the entire project. While it is the Government's intention to progressively fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the Contractor for costs incurred in excess of the periodic allotments, nor will the Contractor be obligated to perform in excess of the amount allotted.
- (b) The Limitation of Funds clause to be included in the resultant contract shall supersede the Limitation of Cost clause found in the General Provisions.

(End of provision)

e) Facilities Capital Cost of Money, FAR 52.215-16, (October 1997)

(This is applicable if you are a commercial organization.)

- (a) Facilities capital cost of money [(see FAR 15.408(h)] will be an allowable cost under the contemplated contract, if the criteria for allowability in subparagraph 31.205-10(a)(2) of the Federal Acquisition Regulation are met. One of the allowability criteria requires the prospective Contractor to propose facilities capital cost of money in its offer.
- (b) If the prospective Contractor does not propose this cost, the resulting contract will include the clause Waiver of Facilities Capital Cost of Money.

(End of Provision)

If the offeror elects to claim this cost, the offeror shall specifically identify or propose it in the cost proposal for the contract by checking the appropriate box below.

- The prospective Contractor has specifically identified or proposed facilities capital cost of money in its cost proposal and elects to claim this cost as an allowable cost under the contract. Submit Form CASB-CMF (see FAR 31.205-10).
- The prospective Contractor has not specifically identified or proposed facilities capital cost of money in its proposal and elects not to claim it as an allowable cost under the contract.

(6) Subcontractors

If subcontractors are proposed, please include a commitment letter from the subcontractor detailing:

- a) Willingness to perform as a subcontractor for specific duties (list duties).
- b) What priority the work will be given and how it will relate to other work.
- c) The amount of time and facilities available to this project.
- d) Information on their cognizant field audit offices.
- e) How rights to publications and patents are to be handled.
- f) A complete cost proposal in the same format as the offeror's cost proposal.

Note: Organizations that plan to enter into a subcontract with an educational concern under a contract awarded under this RFP should refer to the following Web Site for a listing of clauses that are required to be incorporated in Research & Development (R&D) subcontracts with educational institutions:

<http://ocm.od.nih.gov/contracts/rfps/FDP/PDPclausecover.htm>

(7) Proposer's Annual Financial Report

A copy of the organization's most recent annual report must be submitted as part of the business proposal.

(8) Representations and Certifications

One copy of the Representations and Certifications attached as Section K shall be completed and be signed by an official authorized to bind your organization. Additionally, a completed copy of the Representations and Certifications shall be submitted from any proposed subcontractor.

(9) Travel Costs/Travel Policy

a) Travel Costs - Commercial

Costs for lodging, meals, and incidental expenses incurred by Contractor personnel shall be considered to be reasonable and allowable to the extent they do not exceed on a daily basis the per diem rates set forth in the Federal Travel Regulations, General Services Administration (GSA). Therefore, if travel costs are applicable and proposed by offerors, please be advised that they shall be calculated using the per diem rate schedule as established by GSA. Reimbursement of travel costs under any contract awarded from this RFP shall be in accordance with FAR 31.205-46.

b) Travel Policy

One copy of the offeror's (and any proposed subcontractor's) written travel policy shall be included in the business proposal (original only). If an offeror (or any proposed subcontractor) does not have a written travel policy, the offeror shall so state.

(10) Certification of Visa's for Non-U.S. Citizens

Proposed personnel under research projects are not required to be citizens of the United States. However, if non-U.S. citizens are proposed under a contract to be performed in the United States and its territories, then the offeror must indicate in the proposal that these individuals have the required visas.

(11) Guidance Regarding Federal Government Collaborations

In keeping with FAR 3.6 and recent legal decisions involving conflict of interest issues, it is the policy of the NIAID that any proposal either submitted by a Federal agency or submitted by an offeror that includes the collaboration of a Federal agency or Federal employee must include a letter describing the role and effort being provided by that government agency and/or employee and stating that: (1) no actual or potential conflict of interest exists with the proposed effort; and (2) the collaborator's supervisor is aware of and approves of the effort. This letter **must** be signed by **both** the agency's ethics official and the head of the agency (or his/her designate). The NIAID reserves the right to reject a proposal that includes effort by Federal government employees in order to avoid any actual or apparent conflict of interest.

SECTION M - EVALUATION FACTORS FOR AWARD

1. GENERAL

Selection of an offeror for contract award will be based on an evaluation of proposals against two factors. The factors, in order of importance, are: technical and cost/price. Past performance is NOT an evaluation factor but will be considered in determining an offeror's responsibility in accordance with FAR 9.104-3(b). (Reference Section L.) All evaluation factors other than cost/price, when combined, are significantly more important than cost/price. The trade-off process described in FAR 15.101-1 will be employed. This process permits trade-offs among cost/price and non-cost factors and allows the Government to consider award to other than the lowest priced or highest technically rated offeror. In any event, the Government reserves the right to make an award to that offeror whose proposal provides the best value to the Government.

The evaluation will be based on the demonstrated capabilities of the prospective Contractors in relation to the needs of the project as set forth in the RFP. The merits of each proposal will be carefully evaluated. Each proposal must document the feasibility of successful implementation of the requirements of the RFP. Offerors must submit information sufficient to evaluate their proposals based on the detailed criteria listed below.

2. HUMAN SUBJECT EVALUATION

This research project involves human subjects. NIH Policy requires:

(a) Protection of Human Subjects from Research Risks

The offeror's proposal must address the involvement of human subjects and protections from research risk relating to their participation, or provide sufficient information on the research subjects to allow a determination by Institute that a designated exemption is appropriate.

If you claim that this research should be considered exempt from coverage by the Federal Regulations at 45 CFR 46, the proposal should address why you believe it is exempt, and under which exemption it applies.

The reviewers will evaluate the proposal and provide a narrative with regard to four issues: Risks to Human Subjects, Adequacy of Protection Against Risks, Potential Benefits of the Proposed Research to the Subjects and Others, and Importance of the Knowledge to be Gained. See Section L for a complete discussion of what is required to be addressed for each of these issues. Based on the response to this criterion, this section of the proposal may be rated "unacceptable" (i.e., concerns are identified as to the protections described against risk to human subjects or no discussion is found regarding protections against risk to human subjects) or "acceptable".

If your discussion regarding the protection of human subjects from research risks is rated "unacceptable" and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss and/or clarify your position during such discussions and in your Final Proposal Revision (FPR). If, after discussions, your proposed plan for the protection of human subjects from research risks is still found unacceptable, your proposal may not be considered further for award.

(b) Data and Safety Monitoring

The offeror's proposal must include a general description of the Data and Safety Monitoring Plan for all clinical trials. The principles of data and safety monitoring require that all biomedical and behavioral clinical trails be monitored to ensure the safe and effective conduct of human subjects research, and to recommend conclusion of the trial when significant benefits or risks are identified or if it is unlikely that the trial can be concluded successfully. Risks associated with participation in research must be minimized to the extent practical and the method and degree of monitoring should be commensurate with risk. Additionally, all plans must include procedures for adverse event reporting. Finally, generally, for Phase III clinical trials, the establishment of a Data and Safety Monitoring Board (DSMB) is required, whereas for Phase I and II clinical trials, the establishment of a DSMB is optional. The reviewers should refer to the Statement of Work and Section L in the solicitation, as well as any further technical evaluation criteria in this Section M, as applicable, for the solicitations specific requirements for data and safety monitoring.

As a part of the evaluation for proposals, the reviewers will provide a narrative that describes the acceptability of the proposed data and safety monitoring plan with respect to the potential risks to human participants, complexity of study design, and methods for data analysis. Based on the evaluation of the response to this criterion, this section of the proposal may be rated “unacceptable” (i.e., concerns are identified as to the adequacy of the monitoring plan or no discussion can be found regarding the proposed monitoring plans) or “acceptable.”

If the information provided regarding Data and Safety Monitoring is rated “unacceptable” and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss and/or clarify your plan during such discussions and in your Final Proposal Revision (FPR). If, after discussions, the plan is still considered “unacceptable,” your proposal may not be considered further for award.

(c) Women and Minorities

Women and members of minority groups and their subpopulations must be included in the study population of research involving human subjects, unless a clear and compelling rationale and justification are provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. In addition, for NIH-Defined Phase III clinical trials, all proposals and/or protocols must provide a description of plans to conduct analyses, as appropriate, to detect significant differences in intervention effect (see NIH Guide http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm, Definitions - Significant Difference) by sex/gender, racial/ethnic groups, and relevant subpopulations, if applicable, unless the Government has specified that this solicitation involves a sex/gender specific study or a single or limited number of minority population groups. The proposal also must include one of the following plans:

- Plans to conduct valid analysis to detect significant differences in intervention effect among sex/gender and/or racial/ethnic subgroups when prior studies strongly support these significant differences among subgroups, OR
- Plans to include and analyze sex/gender and/or racial/ethnic subgroups when prior studies strongly support no significant differences in intervention effect between subgroups (representation of sex/gender and/or racial/ethnic groups as subject selection criterion is not required; however, inclusion and analyses are encouraged), OR
- Plans to conduct valid analyses of the intervention effect in sex/gender and/or racial/ethnic subgroups (without requiring high statistical power for each subgroup) when the prior studies neither support nor negate significant differences in intervention effect between subgroups.

Also, the proposal must address the proposed outreach programs for recruiting women and minorities as participants.

Reviewers will address the areas covered here and in Section L of the solicitation in narrative form in their evaluation. Some of the issues they will evaluate include:

- whether the plan proposed includes minorities and both genders in adequate representation
- how the offeror addresses the inclusion of women and members of minority groups and their subpopulations in the development of a proposal that is appropriate to the scientific objectives of the solicitation
- the description of the proposed study populations in terms of sex/gender and racial/ethnic groups and the rationale for selection of such subjects
- if exclusion is proposed, that the rationale is appropriate with respect to the health of the subjects and/or to the purpose of the research.
- In addition, for gender exclusion, the reviewers will examine the rationale to determine if it is because:
 - the purpose of the research constrains the offeror’s selection of study participants by gender (e.g., uniquely valuable stored specimens or existing datasets are single gender; very small numbers of subjects are involved; or
 - overriding factors dictate selection of subjects); or
 - gender representation of specimens or existing datasets cannot be accurately determined, and this does not compromise the scientific objectives of the research.

- For minority group exclusion, the reviewers will examine the rationale to determine if those minority groups are excluded because:
 - inclusion of those groups would be inappropriate with respect to their health; or
 - inclusion of those groups would be inappropriate with respect to the purpose of the research.
- For NIH-defined Phase III clinical trials, reviewers will also address whether there is an adequate description of plans to conduct analyses to detect significant differences of clinical or public health importance in intervention effect(s) by sex/gender and/or racial ethnic subgroups when the intervention effect(s) is expected in the primary analyses, or if there is an adequate description of plans to conduct valid analyses of the intervention effect in subgroups when the intervention effect(s) is not expected in the primary analyses.

If you determine that inclusion of women and minority populations is not feasible, you must submit a detailed rationale and justification for exclusion of one or both groups from the study population with the technical proposal. The Government will review the rationale to determine if it is appropriate with respect to the health of the subjects and/or the purpose of the research

Based on the evaluation of the response to this criterion, this section of the proposal may be rated “unacceptable” (i.e., no discussion can be found regarding the proposed gender/minority inclusion plans, or concerns are identified as to the gender or minority representation, or the proposal does not adequately address limited representation of one gender or minority; or the plan is not in accordance with NIH policy guidelines) or “acceptable.” See Section L of the solicitation for the requirements of women/minorities inclusion.

If the information you provide in your proposal regarding the inclusion of women and minorities is rated “unacceptable” and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss, clarify, or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion/exclusion of women/minorities is still considered “unacceptable” by the Government after discussions, your proposal may not be considered further for award.

(d) Children

Children (i.e. individuals under the age of 21) must be included in all human subject research unless there are clear and compelling reasons not to include them.

Your proposal must include a description of plans for including children. If you plan to exclude children from the required research, your proposal must present an acceptable justification for the exclusion. If you determine that exclusion of a specific age range of child is appropriate, your proposal must also address the rationale for such exclusion. Also, the plan must include a description of the expertise of the investigative team for dealing with children at the ages included, of the appropriateness of the available facilities to accommodate the children, and the inclusion of a sufficient number of children to contribute to a meaningful analysis relative to the purpose/objective of the solicitation. Also, see Section L of the solicitation for further specific requirements on inclusion of children.

Based on the reviewers’ narrative evaluation of the offeror’s response to this evaluation criterion, this section of the proposal may be rated “unacceptable” (i.e., no discussion can be found regarding the proposed inclusion plans for children; or concerns are identified as to the offeror’s response regarding the inclusion of children; or the plan is not in accordance with NIH policy guidelines) or “acceptable.”

If the information provided in your proposal about the inclusion of children is rated “unacceptable” and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss, clarify or modify your plan during discussions and in your Final Proposal Revision (FPR). If your plan for inclusion of children is still considered “unacceptable” by the Government after discussions, your proposal may not be considered further for award.

3. EVALUATION OF DATA SHARING PLAN

The offeror's plan for the sharing of final research data shall be assessed for appropriateness and adequacy. If your proposal does not include a plan or if the plan in your proposal is considered "unacceptable," and the Government includes your proposal in the competitive range (for competitive proposals), or if the Government holds discussions with the selected source (for sole source acquisitions), you will be afforded the opportunity to further discuss, clarify or modify your data sharing plan during discussions and in your Final Proposal Revision (FPR). If your data sharing plan is still considered "unacceptable" by the Government after discussions, your proposal may not be considered further for award.

4. TECHNICAL EVALUATION CRITERIA

CRITERIA

WEIGHT

A. TECHNICAL APPROACH

55

Adequacy of plans for fulfilling the ADVN functions, including methods for complying with the requirements for each of the nine (9) tasks specified in the Statement of Work (SOW). Consistency with the stated goals and objectives of the SOW including plans for the successful transition of contract-related materials to a successor contractor or the government. Methods for achieving timely and acceptable performance. Demonstrated understanding and recognition of potential difficulties and presentation of solutions.

1. Statistical and Data Coordinating Center (SDCC) Functions 25

Effectiveness, suitability and feasibility of the proposed plans for:

- formation, management and coordination of the SDCC;
- design, implementation, refinement, modification, analysis and monitoring of clinical and animal studies conducted by the ADVN;
- design and implementation of clinical site monitoring and training;
- demonstration of knowledge and understanding of regulations regarding protection of human subjects, protection of children and adherence to the NIH policy for data and safety monitoring; and
- statistical, technical, administrative and logistical support for the ADVN and DSMBs.

2. Data Collection, Data Management and Data Quality Control 15

Effectiveness, suitability and feasibility of the proposed plans for the:

- design, establishment and maintenance of reliable, efficient and responsive systems; and
- support of regulatory functions and requirements associated with IND applications.

3. Registry, Including Data Collection and Data Management 15

Effectiveness, suitability and flexibility of the proposed plan for the establishment and maintenance of a Registry of patients to ensure maximum registration, retention and long-term follow-up.

B. QUALIFICATIONS AND EXPERIENCE OF PERSONNEL AND THE ORGANIZATION

35

1. Leadership and Management Staff 15

Qualifications and availability of proposed personnel with experience pertinent to the successful operation and management of a statistical and data coordinating center for a multi-center program including expertise in clinical study design, implementation and monitoring of clinical studies and clinical site training. This includes, at a

minimum, documented training, relevant experience and leadership competence of the Principal Investigator and other lead professionals in activities of similar or greater scope and complexity along with previous relevant experience in the management of a patient Registry of similar or greater size.

2. Other Personnel 10

Qualifications and availability of other professional, technical and administrative personnel, including subcontractor personnel and outside consultants, to perform their specific roles in the Network including, but not limited to, documented training, relevant experience and demonstrated competence in data management, quality assurance, site monitoring, statistical analysis, and regulatory affairs.

3. Management Plan and Qualifications of the Organization 10

Adequacy and feasibility of management plan, including availability of proposed staff to perform the required study and data coordinating activities, including lines of authority, back-ups for key staff, mix of expertise, multi-tasking of proposed staff, clarity and appropriateness of assigned roles, and evidence that the proposed staff will function well as a team.

Documented prior successful participation by the organization in successful management of projects of similar or greater scope and complexity and evidence of high priority of organizational commitment to the project.

C. FACILITIES AND RESOURCES 10

Documented availability and adequacy of facilities, equipment, space and other resources, including shared resources, necessary to carry out all phases of the proposed project in a safe and secure manner. Include a description and location of all facilities including proposed subcontractor(s).

TOTAL 100

[END OF SOLICITATION]