SOLICITATION, OFFER AND AWARD

1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) ▶	RATING	PAGE OF PAGES
		1 of 24

2. CONTRACT NUMBER	3. SOLICITATION NUMBER	4. TYPE OF SOLICITATION	5. DATE ISSUED	6. REQUISITION/PURCHASE NO.
	RFP NHLBI-HR-99-01	☐ SEALED BID (IFB) ☑ NEGOTIATED (RFP)	12/15/98	

7. ISSUED BY CODE

National Heart, Lung, & Blood Institute, NIH
Rockledge 2, Room 6114
6701 ROCKLEDGE DR MSC 7902
BETHESDA MD 20892-7902

8. ADDRESS OFFER TO *(If other than Item 7)*

Review Branch, Division of Extramural Affairs
National Heart, Lung, and Blood Institute, NIH
Rockledge Building, Room 7091
6701 ROCKLEDGE DR MSC 7924
BETHESDA MD 20892-7924

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder"

SOLICITATION

9. Sealed offers in original and 25* copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in [Block 8] *See page 11 4:30 pm *(Hour)* local time 03/22/1999 *(Date)*

CAUTION -- LATE Submissions, Modifications, and Withdrawals: See Section L. Provision No. 52.214-7 or 52.215-10. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL: ▶	A. NAME	B. TELEPHONE *(NO COLLECT CALLS)* AREA CODE	NUMBER	EXT.	C. E-MAIL ADDRESS
	Joanne C. Deshler	301	435-0340	NA	jd52g@nih.gov

(✓) SEC.		PART I -- THE SCHEDULE				PART II -- CONTRACT CLAUSES	
✓	A	SOLICITATION/CONTRACT FORM	1	✓	I	CONTRACT CLAUSES	7-8
✓	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2			PART III -- LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.	
✓	C	DESCRIPTION/SPECS./WORK STATEMENT	2-5	✓	J	LIST OF ATTACHMENTS	8
✓	D	PACKAGING AND MARKING	5			PART IV -- REPRESENTATIONS AND INSTRUCTIONS	
✓	E	INSPECTION AND ACCEPTANCE	5-6	✓	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	9
✓	F	DELIVERIES OR PERFORMANCE	6-7				
✓	G	CONTRACT ADMINISTRATION DATA	7	✓	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	9-22
✓	H	SPECIAL CONTRACT REQUIREMENTS	7	✓	M	EVALUATION FACTORS FOR AWARD	23-24

OFFER *(Must be fully completed by offeror)*

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days *(60 calendar days unless a different period is inserted by the offeror)* from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT *(See Section I, Clause No. 52.232-8* ▶	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %

14. ACKNOWLEDGMENT OF AMENDMENTS *(The offeror acknowledges receipt of amend-ments to the SOLICITATION for offerors and related documents numbered and dated:)*	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER *(Type or print)*

15B. TELEPHONE NO. AREA CODE/NUMBER	EXT.	☐ 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE -- ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE

AWARD *(To be completed by Government)*

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION

22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: ☐ 10 U.S.C. 2304(c) ( ) ☐ 41 U.S.C. 253(c) ( )	23. SUBMIT INVOICES TO ADDRESS SHOWN IN *(4 copies unless otherwise specified)* ▶	ITEM

24. ADMINISTERED BY *(If other than Item 7)* CODE	25. PAYMENT WILL BE MADE BY CODE

26. NAME OF CONTRACTING OFFICER *(Type or print)*	27. UNITED STATES OF AMERICA *(Signature of Contracting Officer)*	28. AWARD DATE

IMPORTANT -- Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

SECTION B—SUPPLIES OR SERVICES AND PRICES/COSTS

ARTICLE B.1. BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

The objective of this program is to conduct feasibility studies at 4-5 clinical centers on the use of retinoids in the treatment of emphysema. The specific objectives of the program are to identify optimal patient populations, retinoids, doses, dosing schedules, routes of administration, and outcome measures preparatory to conducting a larger, controlled, clinical trial on the efficacy of retinoid therapy in the management of emphysema, should such a study be indicated.

ARTICLE B.2. ESTIMATED COST

a. The estimated cost of this contract is $X.

b. Total funds currently available for payment and allotted to this contract are $X. For further provisions on funding see the LIMITATION OF FUNDS clause referenced in Part II, ARTICLE I.2. Authorized Substitutions of Clauses.

c. It is estimated that the amount currently allotted will cover performance of the contract through

d. The Contracting Officer may allot additional funds to the contract without the concurrence of the Contractor.

e. Future increments to be allotted to this contract are estimated as follows:

Period			Amount
09/30/99	-	03/31/99	$X
04/01/99	-	03/31/00	$X
04/01/00	-	03/31/01	$X
04/01/01	-	09/29/01	$X

SECTION C—DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

(Note to Offerors: For a complete description of the Background and History, Objectives, and Committees refer to Section L., Part III below. Whenever reference is made to study protocols, it means the contractor's study protocol.)

ARTICLE C.1. STATEMENT OF WORK

Independently, and not as an agent of the Government, the contractor shall furnish all the necessary services, qualified personnel with expertise in pulmonary medicine, retinoid therapy, clinical trial design, statistics, material, equipment, and facilities, not otherwise provided by the Government as needed to perform the Statement of Work below.

1. Participate fully in all Steering Committee and other study meetings;

2. Take lead responsibility in particular scientific areas for development of common definitions, consideration of common outcomes, standardization of common procedures, development of common data forms, data analysis, and publication of study results;

3. Work cooperatively with other study investigators, including the Data Coordinating Center and Program Office staff in all aspects of the study, including making the protocols comparable and complementary;

4. Establish and train appropriate personnel;

5. Conduct the approved protocol by recruiting, treating, and following the proposed number of emphysema subjects;

6. Collect and transmit data as dictated by protocol and insure quality control activities at own clinical center;

7. Contribute to committees established by the Steering Committee as needed (e.g., Mortality and Morbidity Classification Committee, Publications Committee); and

8. Report study data collected.

In order to accomplish the goals of the study the following schedule will be followed:

PHASE I - September 30, 1999 - March 31, 2000

a. Participate in a cooperative effort with the other Clinical Centers (CC) and Data Coordinating Center investigators, and representatives of the NHLBI to form a Steering Committee. The members of the Steering Committee will decide on the number and type of subcommittees that are needed to direct this program.

b. Participate in a cooperative effort with the other CC and the Data Coordinating Center investigators to agree upon study definitions, to consider common outcomes, to standardize common procedures, to develop and pretest compatible data reporting forms and to make the protocols comparable and complementary.

c. Participate in the Steering Committee effort to develop a manual of operations.

d. Participate in a cooperative effort with the other CC and the Data Coordinating Center investigators to agree on the extent of uniformity of the individual protocols.

(Note to offerors: The study protocol submitted, shall include background and rationale for the study, overall experimental design, plan for data analysis, and justifications for study design, choice of retinoid, dose, dosing schedule, route of administration, and duration of treatment. The protocol shall also include a detailed definition and justification of the patient group to be studied, detailed definitions, justifications, and methods for outcome measures to be assessed, including monitoring of treatment effects, and a justification of sample size.)

e. The study protocols shall be reviewed by a Data and Safety Monitoring Board (DSMB). The DSMB will be appointed by the NHLBI and shall make a recommendation to the NHLBI regarding the final study protocols. The final study protocols shall be developed, approved, and implemented prior to March 31, 2000. The Contractor shall not begin work on Phase II activity until written approval has been received from the Contracting Officer.

f. Establish and train a staff to conduct the study as outlined in the study protocol and manual of operations.

PHASE II - April 1, 2000 - March 31, 2002

g. Participate with other study investigators in Steering Committee meetings and other operations in accordance with the study protocol and manual of operations.

h. Recruit and enroll the number of subjects as prescribed by the study protocol.

(Note to offerors: Though the number of subjects will be determined by your protocol, you are required to document your ability to recruit and follow subjects and address the primary goals set forth within the Phase II time frame.

i. Screen referrals, and recruit appropriate patients to protocol, adhering to the recruitment schedule**.**

j. Treat and perform follow-up assessment on study subjects as specified in the study protocol and manual of operations.

k. Collect subject data as specified by the study protocols and forward the data to the Data Coordinating Center in accordance with procedures in the manual of operations.

l. Interact with the Data Coordinating Center to provide data and other information necessary for data analysis.

m. Submit modifications of the protocol to the Data and Safety Monitoring Board for approval prior to implementation.

PHASE III - April 1, 2002 - September 29, 2002

n. Interact with the Data Coordinating Center to provide data and information necessary for data analysis.

o. Work with other study investigators to prepare and write reports and manuscripts for publication.

ARTICLE C.2. REPORTING REQUIREMENTS

In addition to those reports required by the other terms of this contract, the Contractor shall prepare and submit the following reports in the manner stated below and in accordance with ARTICLE F.1. DELIVERIES of this contract:

Technical Reports:

a. Study Protocol: Upon initiation of Phase I, the contractor shall submit to the Data Coordinating Center a copy of the protocol that was submitted, reviewed and approved by the IRB.

b. Recruitment Reports: Upon initiation of Phase II, the contractor shall submit to the Data Coordinating Center recruitment reports, which shall include the total number of subjects recruited. These reports shall be prepared in accordance with the study protocol and manual of operations. Recruitment reports shall be submitted during Phase II of the contract.

c. Follow-up Data Reporting: During Phase II, the contractor shall report follow-up data to the Data Coordinating Center, in accordance with the study protocol and manual of operations. The reporting shall indicate which data were collected and whether the subject was seen within the window defined by the study protocol.

d. Study Population Reports: During Phase II, the Contractor shall submit to the Data Coordinating Center information about the inclusion of women and members of minority groups and their subpopulations for each study being performed under this contract. This information shall be submitted in the format indicated in the Attachment entitled, "Annual Technical Progress Report Format for Each Study".

e. Annual Reports: A comprehensive annual report reflecting all activities conducted during the contract year shall be submitted on each anniversary date following award. This report shall be

written in sufficient detail to allow use as a reference document. The annual reports shall include but not be limited to:

i. A cover page containing the following information:

1. Contract number

2. Contractor's name and address

3. Principal investigator

ii. Description of overall progress.

iii. Current problems which may impede performance and proposed corrective action.

iv. Work to be performed during the next year, by protocol.

Each report shall be in a narrative form, concise and informational and shall include a "Table of Contents" and bibliographies, tabular material and exhibits, as necessary. Extensive reference material is not desired, but such references as are necessary to full understanding may be included.

f. Final Report: This report shall include a summation of the work performed and results obtained for the entire contract period of performance. This report shall be in sufficient detail to describe comprehensively the results achieved. The final report shall be submitted on or before the last day of the contract performance period and shall be in sufficient detail to serve as a reference document.

g. Raw data: Raw data shall be provided whenever difficulties arise with the database, or when requested by the Project Officer or Data Coordinating Center. All data shall be sent to the Data Coordinating Center.

Other Deliverables:

h. Abstracts and manuscripts proposed for publication shall be provided in accordance with the study protocol and manual of operations.

i. Optional Form 310 or equivalent certifying IRB review and approval of the protocol submitted under this RFP shall be received in the contracts office no later than June 1, 1999. Documentation of IRB approval shall be provided at the completion of Phase I, if changes to your protocol have been made.

j. Financial Reports: Quarterly financial reports which summarize the status of costs incurred under the contract shall be prepared in accordance with "Instructions for Completing, Form NIH 2706." Financial reports will not be required for contracts submitting regular monthly invoices.

k. SF 294 Report: Subcontracting Report for Individual Projects shall be submitted semi-annually.

SECTION D—PACKAGING, MARKING, AND SHIPPING

The Contractor shall guarantee that all required materials shall be delivered in immediately usable and acceptable condition.

SECTION E—INSPECTION AND ACCEPTANCE

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

b. For the purpose of this ARTICLE, the Project Officer is the authorized representative of the Contracting Officer.

c. Inspection and acceptance will be performed at: National Institutes of Health, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Suite 6016, ROCKLEDGE BUILDING (RKL2) MSC 7902, BETHESDA, MD 20892-7902.

Acceptance may be presumed unless otherwise indicated in writing by the Contracting Officer or the duly authorized representative within 30 days of receipt.

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

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER 1) CLAUSE: 52.246-9, INSPECTION OF RESEARCH AND DEVELOPMENT - (SHORT FORM) (APRIL 1984).

SECTION F—DELIVERIES OR PERFORMANCE

ARTICLE F.1. DELIVERABLES

Satisfactory performance of the contract shall be deemed to occur upon performance of the statement of work as set forth in ARTICLE C.1. and delivery and acceptance by the Contracting Officer, or duly authorized representative, of the following items in accordance with the stated delivery schedule.

The items specified below as described in SECTION C, ARTICLE C.2. shall be delivered f.o.b. destination as set forth in FAR 52.247-35, F.O.B. DESTINATION, WITHIN CONSIGNEE'S PREMISES (APRIL 1984) and in accordance with and by the date(s) specified below and any specifications stated in SECTION D. - PACKAGING, MARKING, AND SHIPPING, of this contract:

Item	Description	Delivered to:	Delivery Schedule
a.	Protocol	Data Coordinating Center	On or before October 10, 1999
b.	Recruitment Reports	Data Coordinating Center	Monthly During Phase II
c.	Follow-up Data Reports	Data Coordinating Center	Monthly During Phase II
d.	Study Population Reports	Data Coordinating Center	Annually During Phase II
e.	Annual Report	Project Officer Contracting Officer	On Anniversary Date
f.	Final Report	Project Officer Contracting Officer	Upon Completion of Contract
g.	Raw Data	Data Coordinating Center	Upon Request
h.	Abstracts & Manuscripts	Data Coordinating Center Project Officer Contracting Officer	Prior to Publication
i.	Optional Form 310	Data Coordinating Center Contracting Officer	End of Phase I and Annually During Phase II

Item	Description	Delivered to:	Delivery Schedule
j.	Financial Report	Contracting Officer	Quarterly
k.	SF 294 Report	Contracting Officer	Semi Annually

Deliverables shall be sent to the following addresses:

Address	Item	Quantity
Project Officer Division of Lung Diseases, NHLBI 6701 ROCKLEDGE DR MSC 7952 BETHESDA MD 20892-7952	e., f., h	1 each
Contracting Officer Contracts Operations Branch, DEA, NHLBI 6701 ROCKLEDGE DR MSC 7902 BETHESDA MD 20892-7902	e., f, h- k	1 each
Data Coordinating Center (To be Identified)	a. - d., g - i	1 each

SECTION G—CONTRACT ADMINISTRATION DATA

(NOTE: See **?**Sample Contract Format - General" for potential Section G. Articles which will be accessed at the following web site: **http://www4.od.nih.gov/ocm/contracts/rfps/sampkt.htm**

SECTION H—SPECIAL CONTRACT REQUIREMENTS

(NOTE: See **?**Sample Contract Format - General" for potential Section H. Articles which will be accessed at the following web site: **http://www4.od.nih.gov/ocm/contracts/rfps/sampkt.htm**

PART II— CONTRACT CLAUSES

SECTION I—CONTRACT CLAUSES

ARTICLE I.1. GENERAL CLAUSES FOR A NEGOTIATED COST REIMBURSEMENT RESEARCH AND DEVELOPMENT CONTRACT [Educational, Nonprofit, or other depending on organizational status of offeror; selected appropriate article]— CLAUSES INCORPORATED BY REFERENCE (FEBRUARY 1998) (NOTE: The following section for General Clause Listing can be accessed at the following web site: **http://rcb.nci.nih.gov/Clauses/Clauses.html**

ARTICLE I.2. AUTHORIZED SUBSTITUTIONS OF CLAUSES

a. ALTERNATE I of FAR Clause 52.216-11, COST CONTRACT - NO FEE (APRIL 1984) is added.

b. FAR Clause 52.232-20, LIMITATION OF COST (APRIL 1984), is deleted in its entirety and FAR Clause 52.232-22, LIMITATION OF FUNDS (APRIL 1984), is substituted therefor.

ARTICLE I.3. ADDITIONAL CONTRACT CLAUSES

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:

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

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

(3) FAR 52.243-2, Changes-Cost Reimbursement (AUGUST 1987). Alternate V (APRIL 1984)

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

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.

(1) PHS 352.223-70, Safety and Health (APRIL 1984), is hereby incorporated in full text.

(2) PHS 352.280-1b, Protection of Human Subjects (OCTOBER 1986).

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

The following clause(s) are attached and made a part of this contract:

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

NIH(RC)-11, Research Patient Care Costs (4/84).

PART III—LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS

SECTION J—LIST OF ATTACHMENTS

See listing of RFP and Contract attachments in Section L, Part III below.

PART IV—REPRESENTATIONS AND INSTRUCTIONS

SECTION K—REPRESENTATIONS AND CERTIFICATIONS

The Representations, Certifications, and Other Statements of Offerors or Quoters (Negotiated) for this RFP are available at: **http://www4.od.nih.gov/ocm/contracts/rfps/REPCERT.** Please see also the instructions for the attached form in the listing of RFP and Contract attachments in Section L, Phart III below.

SECTION L—INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

THIS SECTION OF THE RFP CONSISTS OF THE FOLLOWING SECTIONS:

I. Specific RFP Instructions and Provisions,

II. Applicable RFP References, and

III. Project Information

I. SPECIFIC RFP INSTRUCTIONS AND PROVISIONS

NOTICE TO OFFERORS: This section contains proposal instructions and information which are specifically related to this acquisition. The information provided below is only a portion of the instructions and notices required for the submission of a proposal. References to additional, more general, information and forms regarding proposal preparation are contained under Section III. Applicable RFP References.

The following specific RFP instructions and provisions apply to this Request For Proposal:

A. Proposal Intent Response Sheet (submit by February 22, 1999)

B. Packaging and Delivery of Proposal

C. SIC Code and Small Business Size Standard

D. Number and Type of Award(s)

E. Estimate of Effort and Travel

F. Service of Protest

G. Technical Proposal Table of Contents

H. Page Limits

I. Other Provisions

J. Special Requirements

K. Restrictions

L. References

A. PROPOSAL INTENT RESPONSE SHEET

RFP No. NHLBI-HR-99-01

TITLE OF RFP: Clinical Centers for Preliminary Studies on Retinoids Treatment in Emphysema

FURNISH THE INFORMATION REQUESTED BELOW AND RETURN THIS PAGE BY **February 22, 1999**. YOUR EXPRESSION OF INTENT IS NOT BINDING BUT WILL ASSIST US IN PLANNING FOR PROPOSAL EVALUATION.

I INTEND TO SUBMIT A PROPOSAL

COMPANY/INSTITUTION NAME:

ADDRESS:

PROJECT DIRECTOR'S NAME:

TITLE:

TELEPHONE NUMBER:

NAMES OF COLLABORATING INSTITUTIONS AND INVESTIGATORS
(include Subcontractors and Consultants):

RETURN TO:

Attention: Dr. James Scheirer
Review Branch
NIH, NHLBI
6701 ROCKLEDGE DR MSC 7924
BETHESDA MD 20892-7924

or FAX TO: Dr. James Scheirer at (301) 480-3541

B. PACKAGING AND DELIVERY OF THE PROPOSAL

Your proposal shall be organized as specified in the "Standard RFP Instructions and Provisions." Shipment and marking shall be as follows:

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

"RFP NO. NHLBI-HR-99-01
TO BE OPENED BY AUTHORIZED GOVERNMENT PERSONNEL ONLY"

The numbers of copies required of each part of your proposal are:
TECHNICAL PROPOSAL: ORIGINAL* AND Twenty-five (25) COPIES

BUSINESS PROPOSAL: ORIGINAL* AND Six (6) COPIES

DELIVER PROPOSAL TO:

Review Branch, Division of Extramural Affairs
National Heart, Lung, and Blood Institute, NIH
Rockledge Building, Room 7091
6701 ROCKLEDGE DR MSC 7924
BETHESDA MD 20892-7924

*THE ORIGINAL PROPOSAL MUST BE READILY ACCESSIBLE FOR DATE STAMPING. IN ADDITION, EVERY SEPARATELY BOUND VOLUME **MUST** CONTAIN THE ORGANIZATION'S NAME, ADDRESS, AND RFP NUMBER

C. SIC CODE AND SMALL BUSINESS SIZE STANDARD

NOTE: The following information is to be used by the offeror in preparing its Representations and Certifications, specifically in completing the provisions entitled, SMALL BUSINESS PROGRAM REPRESENTATIONS, FAR 52.219-1:

The standard industrial classification (SIC) code for this acquisition is 8731.

The small business size standard is 500 employees.

THIS REQUIREMENT IS **NOT** SET-ASIDE FOR SMALL BUSINESS.

D. NUMBER AND TYPE OF AWARD(S)

It is anticipated that 4-5 awards will be made from this solicitation and these awards will be made on/about September 30, 1999. It is anticipated that the award(s) from this solicitation will be a multiple-year cost reimbursement type completion contract with a period of performance September 30, 1999 to September 29, 2002.

E. LEVEL OF EFFORT AND TRAVEL

The Government considers that the personnel and estimated levels of effort listed below will be required for successful completion of the study. Effort is shown as a percentage of FTE (full time equivalent) labor during various phases of the study. (Thus in 6 month Phase I, 20% effort reflects

10% person year of effort). It should be noted that this estimate is based on award to 5 clinical centers and assumes an equal distribution of subjects and follow-up of all subjects. The actual effort will vary depending on the number of centers awarded and the specifics of the various protocols proposed.

Labor Category	Phase I (6 Months)	Phase II (24 Months)	Phase III (6 Months)
Principal Investigator	30%	30%	30%
Co-Investigator	20%	20%	20%
Co-Investigator	10%	15%	10%
Clinical Coordinator	25%	100%	50%
Data Entry	25%	50%	50%
Total	110%	215%	160%

Travel: Travel expenses should be based on attending Steering Committee meetings in Bethesda, Maryland.

Phase I (6 Months): costs will be allowed for the effort of three investigators. Travel expenses should be based on three meetings (2 days each). The Clinic Coordinator will be certified in study operations at the conclusion of Phase I and may be required to travel to attend a training session.

Phase II (24 Months): costs will be allowed for three investigators to attend two Steering Committee meetings twice a year. Travel to attend these meetings should be based on 1 day.

Phase III (6 Months): travel expenses will be allowed for two investigators to attend two Steering Committee meetings. Travel to attend these meetings should be based on 2 days.

F. SERVICE OF PROTEST

In accordance with FAR 52.233-2 SERVICE OF PROTEST (NOV 1988):

(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:

Ms. Joanne C. Deshler

Address:
National Institutes of Health
National Heart, Lung, and Blood Institute
Contracts Operations Branch
Rockledge 2, Room 6114
6701 ROCKLEDGE DR MSC 7902
BETHESDA MD 20892-7902

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

G. TECHNICAL PROPOSAL TABLE OF CONTENTS

Please number each page of text. Type density and size must be 10-12 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.

The technical proposal should be organized as follows:

1. TECHNICAL PROPOSAL COVER SHEET (Form is located in the Streamlined RFP

References under "FORMS, FORMATS, ATTACHMENTS" . . . . . Page 1

2. TECHNICAL PROPOSAL TABLE OF CONTENTS . . . . . Page 2

3. ABSTRACT . . . . . Page 3

State the proposal's objectives. Briefly and concisely describe the research design and methods for achieving these goals. DO NOT EXCEED one page in providing the abstract. Identify the RFP Number, Institution and Principal Investigator on the abstract.

4. TECHNICAL PLAN . . . . . Page 4

Refer to Technical Proposal Instructions located in the Standard RFP Instructions and Provisions under Streamlined RFP References for more detail.

A. PERSONNEL

(1) List of all Personnel in the project including Subcontractors, Consultants/Collaborators, by name, title, department and organization . . . . . Page #

PROVIDE TWO-PAGE BIOSKETCHES FOR INVESTIGATORS AND NARRATIVES, INCLUDING ROLE IN PROGRAM, EXPERTISE, AND RELATED EXPERIENCES, FOR:

(2) Principal Investigator/Project Director . . . . . Page #

(3) Other Investigators . . . . . Page #

(4) Additional Personnel . . . . . Page #

B. PROPOSED APPROACH (no more than 50 PAGES single-spaced)

(1) Background and Rationale . . . . . Page #

(2) Experimental Design . . . . . Page #

(3) Methods . . . . . Page #

(4) Risks and Protection from Risks . . . . . Page #

C. FACILITIES, EQUIPMENT AND OTHER RESOURCES . . . . . Page #

List/describe all facilities, equipment and other resources available for this project.

D. OTHER CONSIDERATIONS/DOCUMENTATION . . . . . Page #

(1) Documentation of submission to IRB of protocol and consents

(2) Letter of agreement with Industry documenting access to agent (and placebo, if indicated)

(3) Documentation of submission of appropriate forms to FDA (or appropriate agency)

5. OTHER SUPPORT . . . . . Page #

Complete the Form "Summary of Current and Proposed Activities." All key personnel must be listed on this form. The form is located in the Streamlined RFP References under "FORMS, FORMATS, ATTACHMENTS"

6. TECHNICAL PROPOSAL COST INFORMATION . . . . . Page #

The form is located in the Streamlined RFP References under "FORMS, FORMATS, ATTACHMENTS"

7. LITERATURE CITED . . . . . Page #

8. APPENDICES . . . . . Page #

Appendices shall not exceed 100 pages single-spaced. List each Appendix and identify the number of pages for each one. Appendices must be clear and legible, and easily located.

H. Page Limits

The technical proposed approach (Section 4B, above) shall be limited to 50 pages single-spaced. The cover sheet, abstract, table of contents, personnel, facilities, equipment and resources, other considerations, other support, cost information, and literature cited do not count against the 50 page limit. Appendices shall be limited to 100 pages single-spaced.

I. OTHER PROVISIONS

PUBLICATION AND PUBLICITY (It is anticipated that this clause will appear in the contract.)

The contractor shall acknowledge the support of the National Institutes of Health whenever publicizing the work under this contract in any media by including an acknowledgment substantially as follows:

> This project has been funded in whole or in part with Federal funds from the National Heart, Lung, and Blood Institute, National Institutes of Health, under Contract No. . . .

J. SPECIAL REQUIREMENTS

1. AGREEMENTS WITH PHARMACEUTICAL COMPANIES

It is expected that offerors will obtain independently and at no cost to the Government the necessary agent(s) (clinical material and placebo, if appropriate) that will be used to carry out the offeror's proposed protocol. In order to obtain these clinical materials an offeror may find it necessary to enter into an agreement with a pharmaceutical company, hereafter referred to as the "Company".

Offerors are encouraged to conduct discussions with the Company with respect to other research related cost in their protocol that the Company may consider supporting. The Government will not reimburse offerors for protocol related costs that are covered either by third party payers or by an agreement reached with the Company.

It will be necessary to review a copy of any agreement by the offeror that deals with any aspect of the conduct of the study, access to its results or interpretations or publication thereof, or financial or in-kind support thereof. A copy of the agreement shall be provided as part of the

cost proposal, which is reviewed only by the government. A letter documenting access to agent (and placebo, if indicated) shall be provided as part of the technical proposal.

Offerors shall inform the Company that (in accordance with FAR clause 52.227-14, Alternate IV) the NHLBI will retain the rights to the data collected. However, NHLBI is prepared to collaborate in providing data for drug regulatory purposes and, upon completion of the study, NHLBI is prepared to make the full data set (excluding identifiers) available to company in a timely manner and for possible approval purposes (though present studies are envisioned only on a pilot, rather than definitive scale). It is also to be recognized that a study data set will be available to others at some later time after completion of the study, in accordance with the NHLBI Public Use Data Policy.

The requisite IND may be held in the name of the Offeror, with Company allowing cross-reference to its IND and/or its NDA for the clinical material. Alternatively, the IND may be held in the name of the Company. An example of an agreement for the latter, more complicated scenario can be found at: **http://www.nhlbi.nih.gov/nhlbi/rafs/csa.pdf.** Many of the points therein may pertain whether Offeror or Company holds the IND. The text is for an NHLBI-Company agreement related to a multi-center clinical trial, and is not directly applicable for an offeror-Company agreement, but the text illustrates terms acceptable to NHLBI; offeror may choose narrower terms (See Section L. References, this is a stand alone document).

Offerors shall document that they have access to the requisite agent(s) and that they have applied for necessary FDA or other governmental approvals for the use of the retinoid. Offerors will not be considered for an award if FDA approval is not received in the contracts office no later than May 10, 1999.

2. **CAPITATION/CLINICAL REIMBURSEMENT**

A capitation reimbursement system will be discussed and developed during Phase I. Individual clinic capitation rates would likely be based on their negotiated patient care costs and the projected recruitment goals and their accomplishment. Payment of capitation fees would only be made after the Data Coordinating Center has verified to the Contracting Officer that the required data are complete and accurate.

Since the objective of this program is to study retinoid treatment, some tests proposed in your protocol will be research related and may not be considered routine care. Patient care costs that are considered routine care, and covered by third party coverage, will not be reimbursed with contract funds and should be excluded from your cost proposal. Patient related costs in your protocol that Industry has agreed to remunerate will not be reimbursed with contract funds and should also be excluded from your cost proposal.

For the purpose of this solicitation, offerors included in the competitive range may be required to submit additional cost or pricing information substantiating their proposed patient related costs. This additional information will be requested after establishment of the competitive range.

3. OMB CLEARANCE

A clinical exemption for the forms for this project will be coordinated by the NHLBI and NIH Project Clearance Officers at the completion of Phase I. It is expected that the forms used to collect clinical data under this study will be exempt from OMB clearance requirements.

4. GOVERNMENT FURNISTHED MATERIAL/FACILITES

No Government Furnished Material/Facilities or Government Property will be supplied under this RFP. The Data Coordinating Center, under RFP NHLBI-HR-99-02, will be responsible for the purchase of the hardware and software that may be necessary at each clinical center for distributed data entry.

K. RESTRICTIONS

In order to ensure that data analysis is done independently of data acquisition, award to a Clinical Center and a Data Coordinating Center under this RFP shall not have the same staff. The same institution may apply for both a Clinical Center and a Data Coordinating Center award provided they have no investigators in common.

It is to be noted that the award of contracts under this RFP shall be made only to offerors who are located in the United States of America and Canada. This will be necessary because of the need for close communication among members of the program, the requirement for frequent steering committee meetings, and site visits for data verification. Proposals received from offerors located outside of the United States of America or Canada shall not be considered for contract award.

Canadian offerors shall obtain necessary approvals to conduct their protocols from their institutions and government according to the due dates for Institutional Review Boards (June 1, 1999) and FDA (May 10, 1999).

(Note to offerors: Since the study objective is to identify optimal patient populations, retinoids, doses, dosing schedules, routes of administration, and outcome measures preparatory to conducting a larger, controlled, clinical trial, that would primarily be conducted in the USA, on the efficacy of retinoid therapy in emphysema, only populations, retinoids, doses, dosing schedules, routes of administration and outcomes measures accessible, practical, and/or approved for use in the USA shall be considered for this RFP.)

L. REFERENCES

1. Massaro, GD and Massaro D. Retinoic Acid Treatment Abrogates Elastase-induced Pulmonary Emphysema in Rats. *Nature Med* 3:675-677, 1997

2. Address for the IND form (FDA form 1571) is:
http://forms.psc.dhhs.gov/fda/ps1571.pdf

3. Address for sample NHLBI Clinical Supply Agreement is:

http://www.nhlbi.nih.gov/nhlbi/rafs/csa.pdf

II. APPLICABLE RFP REFERENCES

This section identifies the items located in the Streamlined RFP References that are applicable to this Request For Proposal (RFP).

A. The entire file entitled "STANDARD RFP INSTRUCTIONS AND PROVISIONS" is applicable to this RFP, except as modified by the inclusion of items from the "OPTIONAL RFP INSTRUCTIONS AND PROVISIONS" below.

B. The following items are applicable from the file entitled "OPTIONAL RFP INSTRUCTIONS AND PROVISIONS." The full text of the provisions is available in the file. List of provisions which apply to this specific RFP:

E. Late Proposals, Modifications of Proposal, and Withdrawals of Proposals

F. Human Subjects

H. Small, Small Disadvantaged, and Women-Owned Small Business Subcontracting Plan

J. Inclusion of Women and Minorities in Research Involving Human Subjects

O. "JUST IN TIME"

R. Inclusion of Children in Research Involving Human Subjects

C. The following items are applicable to this specific RFP and are located in the file entitled "FORMS, FORMATS, ATTACHMENTS" under Streamlined RFP References:

SUBMIT WITH TECHNICAL PROPOSAL (with original and every copy of technical proposal)

1. Technical Proposal Cover Sheet
2. Summary of Current and Proposed Activities
3. Technical Proposal Cost Information

SUBMIT WITH BUSINESS PROPOSAL:

1. Contract Pricing Proposal Cover Sheet, SF-1411, or equivalent, with every copy of business proposal.
2. Proposal Summary and Data record, NIH-2043, with every copy of business proposal.
3. Disclosure of Lobbying Activities, OMB SF-LLL, only one completed and signed original. This form is not required if there are no lobbying activities to disclose.
4. Representations and Certifications, with original.
5. Agreement between offeror and Industry that deals with any aspect of the conduct of the study, access to its results or interpretations or publication thereof, or financial or in-kind support thereof, with original.

OTHER—TO BE SUBMITTED LATER:

1. Certificate of Current Cost or Pricing Data, NIH-1397, to be submitted with Final Proposal Revision, as directed by the Contracting Officer.
2. Documentation of IRB approval of proposed protocol shall be submitted to the Contracting Officer no later than **June 1, 1999**.

3. Documentation of Food and Drug Administration, and/or any other necessary government or pharmaceutical company approval of proposed protocol shall be submitted to the Contracting Officer no later than **May 10, 1999**.

ANTICIPATED TO BE INCLUDED AS CONTRACT ATTACHMENTS:

l. Invoice/Financing for Cost Reimbursment Type Contracts, NIH(RC)-1

2. Procurement of Certain Equipment, NIH(RC)-7

3. NIH 2706, Financial Report for Individual Project/Contract Instructions

4. NIH 2706, Financial Report for Individual Project/Contract Form

5. Research Patient Care Costs, NIH(RC)-11

6. Protection of Human Subjects Assurance/Identification/Certification/Declaration, OF 310

D. The "SAMPLE CONTRACT FORMAT-GENERAL" is applicable.

III. Project Information

Background and History

Chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema, affects more than 16 million Americans, is the fourth leading cause of death in the USA, and costs the nation billions in direct and indirect health care costs. Though only about two million of the 16 million people with COPD have emphysema, emphysema is more disabling, accounting for approximately half of the 114 million days of restricted activity and half of the 53 million days of disability attributed to COPD per year. Emphysema is characterized by destruction of the airspace walls, leading anatomically to abnormal, persistent enlargement of the airspaces distal to the terminal bronchioles, and without obvious fibrosis. The clinical result is continuous dyspnea due to hyperinflation of the lung, over distention of the chest wall, disadvantaged respiratory muscles, and hypoxia, even at rest.

Treatment options in emphysema are limited and primarily aimed at symptomatic relief of the dyspnea by maximizing the depleted reserves of the patient. In the late stages, care is supportive, in the form of oxygen therapy, bronchodilator, nutritional supplementation and exercise rehabilitation. Exercise rehabilitation has been shown to improve the quality of life, but only oxygen therapy has been shown to affect survival. For patients less than 60 years old, lung transplantation may be possible, but scarcity of donor lungs and expense greatly limits this option and the efficacy has not been studied. Lung volume reduction surgery is currently under investigation for its effect on symptoms and survival. For the few patients with hereditary alpha-1-antitrypsin deficiency, the recent report of the NHLBI supported Alpha-1-Antitrypsin Deficiency Registry Study Group cautions that although those with moderate airflow obstruction may benefit from augmentation therapy, more studies were needed to draw firm conclusions and to answer questions about dose and dosing schedules.

Recent laboratory data have shown that all-*trans*-retinoic acid, a derivative of vitamin A, can regenerate alveoli in adult rats with elastase induced emphysema (Massaro, GD and Massaro D. Retinoic Acid Treatment Abrogates Elastase-induced Pulmonary Emphysema in Rats. *Nature Med* 3:675-677, 1997). Based upon the findings that prior to septation, rats have fibroblasts rich in vitamin A storage granules, high concentrations of cellular retinol binding protein, and lung nuclear retinoic acid binding receptors,

all of which diminish after septation and the fact that retinoic acid increases the number of alveoli in rats, the investigators reasoned that retinoic acid plays a key role in septation. Tracheal instillation of elastase into adult rats resulted in an increase in lung volume, a decrease in surface area, and large alveoli as in human emphysema. Intraperitoneal injection of all-*trans* retinoic acid in the elastase-treated rats for 12 days prior to sacrifice reduced the lung volume and increased the surface area to normal.

In addition to the elastase-treated rats, all-*trans*-retinoic acid has been found to induce formation of alveoli in normal rats, in neonatal rats treated with dexamethasone, which prevents septation, in adult tight skin mice, and in fetal mouse lung in culture.

These findings led to interest in the medical community whether adult emphysema patients might get symptomatic relief from treatment with all-*trans*-retinoic acid. In September 1998, the NHLBI convened a workshop, entitled "Clinical Trial Feasibility: All-*trans*-Retinoic Acid for the Treatment of Emphysema", to discuss the feasibility of a clinical trial to test the efficacy of retinoic acid in the treatment of emphysema. The workshop participants agreed that the laboratory findings were exciting, but that a proof of principle study was needed to demonstrate whether the laboratory findings could be applied to humans with emphysema. Since there was adequate information about the dose range and toxicity of retinoids in humans, adequate methods for assessing the extent of emphysema, and adequate methods to assess the biological activity and distribution of retinoids in the human lung, the workshop participants thought studies in emphysema patients were possible and appropriate. Several possible populations and retinoids, especially the retinoic acids, were discussed as appropritae for a clinical trial. However, the participants did not think that there was sufficient information available to recommend a single trial design and recommended the conduct of multiple small trials, allowing flexibility in the choice of population, retinoid, doses, and outcomes.

Objective/Desired Result:

The overall objective of this research contract program is to conduct feasibility studies at 4-5 clinical centers on the use of retinoids in the treatment of emphysema. The specific objectives of the program are to identify optimal patient populations, retinoids, doses, dosing schedules, routes of adminstration and outcome measures preparatory to conducting a larger, controlled, clinical trial, that could be conducted in the USA, on the efficacy of retinoid therapy in the management of emphysema, should such a trial be indicated. An offeror awarded a contract under this RFP will execute its protocol according to the technical approach he/she has proposed, though contractors shall work collaboratively during Phase I to refine complementary aspects of their respective protocols, develop common definitions, consider common outcomes, standardize common procedures across centers, develop cooperatively common data reporting formats, and generally work so that the different studies are comparable and complementary.

The Data Coordinating Center will collect, verify, store, and analyze data from the various protocols conducted under this multi-center study. A seperate solicitation will be issued for the Data Coordinating Center (RFP NHLBI-HR-99-02).

Description of Requirement:

Offerors shall include in their proposal background and rationale, complete protocols, and complete justifications for: a) selection of study design, b) choice of retinoid, c) doses and dosing schedules, d) route of administration, e) patient populations, f) sample size, and g) outcome measures. Offerors must document access to adequate numbers of the patient population and to the retinoid proposed. The protocol proposed shall include a plan for identification, monitoring and treatment of toxicities and shall

have been submitted for Institutional Review Board (IRB) approval. Documentation of IRB approval shall be provided to the Contracts Office no later than June 1, 1999. Documentation of Food and Drug Adminstration or any other necessary government or pharmaceutical company approval shall be provided to the Contracts Office no later than May 10, 1999. Outcome measures shall include at a minimum history, physical, full pulmonary function tests, arterial blood gases, dyspnea, and quality of life assessment.

Committees:

Several studies to be awarded reflect a collaborative program. The following committees relate to the collaborative program and activities.

The **Steering Committee** will be composed of the Principal Investigator from each of the Clinical Centers, the Principal Investigator from the Data Coordinating Center, and the NHLBI Project Officer. Offerors should not propose Committee members. The Committee will be chaired by an individual selected by NHLBI. The first charge of the Steering Committee will be to develop common study definitions, consider common outcome measures, standardize common procedures, common reporting formats, the manual of operations and the complementary aspects of the protocols.

The **Data and Safety Monitoring Board (DSMB)** will be established by the NHLBI to review the study protocols and monitor patient safety, study progress, data management and analysis, data outcomes and will advise NHLBI when changes should be made to the studies. It will meet in Phase I to review and recommend approval/disapproval of the study protocols to the NHLBI. During Phase II, it will meet twice per year to review study performance and study results and will evaluate the study procedures for beneficial and adverse effects. During Phase III, the DSMB will review papers resulting from the studies.

Other subcommittees may be established by the Steering Committee as needed (e.g., Mortality and Morbidity classification). It is anticipated that a **Publications and Presentations Committee** will be established for this program. The membership of the committee is expected to include representatives from the Clinical Centers, the Data Coordinating Center and the NHLBI. The committee will review proposed publications based on policies and procedures established by the Steering Committee. It is expected that criteria will include patient confidentiality issues and the timely publication of study results.

Offerors must address in their proposals the following requirements relevant to achieving the requirements of the program.

(1) One investigator shall demonstrate expertise in clinical research, pulmonary medicine and pulmonary physiology, with particular expertise on the treatment and research issues in emphysema. This investigator will be responsible for devising and adhering to the medical and physiologic aspects of the study protocol, for medical supervision of the patients, and supervision of the other investigators. The investigator shall work with the other clinical center principal investigators to accomplish the statement of work.

(2) Other investigators shall provide expertise and effort as justified by the proposed protocol and as necessary for completion of study goals, including but not limited to expertise in medicine, pulmonary medicine, and pulmonary function.

(3) Offerors shall provide expertise in the administration and monitoring of retinoid therapy.

(4) Proposals should document the experience of the proposed investigators in basic and clinical research, especially participation in multi-center trials, as evidenced by external support and publications.

(5) Each proposal shall contain a complete research protocol that includes background and rationale, details of study design, patient eligibility criteria, methods for collection of outcome measures and a plan for analysis of the data. The protocol submitted shall include justification for selection of study design, retinoid, doses, dosing schedules, route of administration, patient populations, sample size calculations, and outcome measures. Justifications for selection of study design, retinoid, doses, dosing schedules, route of administration, patient population, sample size, and outcome measures shall include discussion of how these will contribute to program goals of obtaining information preparatory to conducting a larger, controlled clinical trial, that could be conducted in the USA, on the efficacy of retinoid therapy in the management of emphysema, should such a study be indicated. The proposal submitted shall include a plan for identification, monitoring, and treatment of toxicities for the protocol proposed.

(6) The offeror shall show the expertise to perform and interpret the outcome measures proposed, which shall include, at a minimum, history, physical, full pulmonary function tests, arterial blood gases, dyspnea, and quality of life.

(7) Offerors should consider their ability to recruit, treat, and follow subjects within the Phase II (24 Month) time line.

Offerors shall demonstrate access for recruitment and complete follow-up of the numbers needed from the patient population proposed. The description of patient availability shall include a discussion of other studies at the offeror's institution that would run concurrently and how that would affect patient recruitment and follow-up. The offeror shall express a commitment to the recruitment goals of this study and shall explain how any potential conflicts will be resolved. Proposals shall include a plan for monitoring recruitment and follow-up.

(8) The offeror shall include demographic data on the proposed population, including gender and race of the population to be studied. An important issue is the appropriate representation of minority groups in research, especially in geographical locations which may have limited numbers of racial/ethnic population groups available for study. The offeror must clearly address the rationale and justify the inclusion or exclusion of any subgroups in terms of the purpose of the research, and other factors, such as relevant characteristics of the disease, disorder or condition, and the feasibility of making a collaboration or consortium or other arrangements to include minority groups.

(9) The offeror must demonstrate an understanding of the scientific and methodological issues that are important in the design and conduct of studies in chronically ill patients. Though it is expected that offerors will propose different technical approaches to the study objectives, the proposal shall include plans for cooperative development of uniform and complementary aspects of the protocols, including but not limited to, common definitions, common or shared measures, and common standardization of procedures. Offerors shall state their willingness to participate in a cooperative and interactive manner with other clinical center investigators, the NHLBI and the Data Coordinating Center within the context of the program.

(10) Offerors shall document that their protocol has been submitted for Institutional Review Board (IRB) approval with appropriate consent forms at the time of proposal submission. In order to

be considered for award, offerors shall provide documentation of IRB approval to the Contracts Office no later than June 1, 1999. Offerors will not be considered for an award if IRB approval is not received in the contracts office by June 1, 1999.

(11) Offerors shall demonstrate justification of, access to, and approval to use the retinoid proposed. Justification for selection of a retinoid shall include discussion of the safety profile of the proposed retinoid and contribution to the study goal of identifying optimal retinoids for a larger study that could be conducted in the USA, if indicated. Offerors shall show that they have applied for necessary Food and Drug Administration or any other governmental or pharmaceutical company approvals at time of proposal submission. Final approvals for the use of the retinoid shall be received in the Contracts Office no later than May 10, 1999. Offerors will not be considered for an award if these approvals are not received in the Contracts Office by **May 10, 1999.** It is expected that offerors will obtain the agent proposed at no cost to the Government. Additional guidance on obtaining agents is discussed in item J. SPECIAL REQUIREMENTS, above.

(Note to offerors: Since the study objective is to identify optimal patient populations, retinoids, doses, dosing schedules, routes of administration, and outcome measures preparatory to conducting a larger, controlled, clinical trial, that would be primarily conducted in the USA, on the efficacy of retinoid therapy in emphysema, only populations, retinoids, doses, dosing schedules, routes of administration and outcomes measures accessible, practical, and/or approved for use in the USA shall be considered for this RFP.)

(12) Offerors shall demonstrate the ability to implement data collection, analysis, and reporting procedures and for assuring quality control of the data, data entry, and coordination.

(13) The proposal shall include a description and plans for communication and coordination between various staff participating in this study at the offeror's clinical center.

(14) Offerors must be able to interact effectively with the Data Coordinating Center to transmit and edit data and shall discuss their willingness and capability to participate in a distributed data entry system if this approach is selected.

(15) The proposal shall include a detailed description of laboratory/clinical facilities available at each participating institution that will be used to accomplish the protocol proposed and the statement of work.

(16) Offerors shall identify in a matrix or table the tests, procedures, or exams in the protocol, the cost of each test, procedure, or exam, the number of subjects receiving the tests, procedures, or exams, and the frequency or time schedule for the tests, procedures, or exams.

(17) Limited collaborative arrangements within a clinical center will be considered if scientifically sound, and the justification for the advantages of the arrangement is acceptable. Justification must include demonstration that each member of the consortium has, in terms of capability, equivalent expertise, facilities, equipment, and level of patient care, a method for insuring consistent quality control between members and a plan for central review of all data on subjects.

SECTION M—EVALUATION FACTORS FOR AWARD WITH TECHNICAL EVALUATION CRITERIA

The technical proposal will receive paramount consideration in the selection of contractors for this acquisition. 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 evaluated carefully, based on responsiveness to the RFP and the thoroughness and feasibility of the technical approach taken. In the event that the technical evaluation reveals that two or more offerors are approximately equal in technical ability, then the costs of offerors may become the significant factor in determining award(s). In any event, the Government reserves the right to make an award to the best advantage of the Government, cost and other factors considered.

Where inclusion of women, minority populations, and children is not feasible, a detailed rationale and justification for exclusion from the study population must be submitted with the technical proposal. The NHLBI 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. If the rationale is not considered acceptable by the Government and you are included in the competitive range, you will be afforded the opportunity to further discuss and/or clarify your position during discussions or include women, minorities, and children in your Final Proposal Revision (FPR). If your exclusion position is still considered unacceptable by the Government after discussions, your proposal will not be considered further for award.

One of the selection factors is the scientific merit and feasibility of a variety of technical and scientific approaches that will identify optimal patient populations, retinoids, doses, dosing schedules, routes of administration, and outcome measures preparatory to conducting a larger, controlled, clinical trial primarily in the USA on the efficacy of retinoid therapy in the management of emphysema, should such a study be indicated. Therefore, the NHLBI reserves the right to make selection decisions to ensure a variety of appropriate technical and scientific approaches are studied that will address the requirements of this RFP.

Award of this RFP will be made only to offerors located in the United States and Canada. Proposals from offerors outside the United States and Canada will not be considered for award.

Mandatory criteria: Offerors which have not submitted documentation of Institutional Review Board approval of their proposed protocol and consents and Food and Drug Administration or other necessary government and pharmaceutical company approval of the drug proposed to the Contracts Office by June 1, 1999 and May 10, 1999, respectively, will not be considered further for award.

Proposals submitted in response to this solicitation will be reviewed by a peer group of scientists under the auspices of the Review Branch, Division of Extramural Affairs, NHLBI, and subsequently by a review group within NHLBI. The following criteria and weight factors will be used by the initial peer review group in the evaluation of the proposals.

No.	Criterion:	Point
1.	Qualification and experience of Professional Staff The qualifications, administrative, medical and research experience, commitment and competence of the professional and technical staff pertinent to the proposed protocol. In particular, a strongly integrated team with prior experience in collaborating in multi-center clinical trials, expert in conducting research on and in the treatment of patients with emphysema, and expert in the outcome measures proposed. Ability and willingness of professional staff to contribute expertise to common study goals.	**35**
2.	Scientific merit of the proposed approach The merit and feasibility of the proposed research protocol approach to contribute to the goal of identifying optimal patient populations, retinoids, doses, dosing schedules, routes of adminstration, and outcome measures for a larger study, that would be conducted primarily in the USA, if indicated.	**35**
3.	Key Implementation Factors Evidence that offeror can recruit and follow-up the necessary number of patients and evidence of access to retinoid.	**20**
4.	Facilities The availability of laboratory/clinical facilities at each institution, including the facilities at any proposed participating subcontracting organizations. Documentation of the facilities including the means of assuring quality control of patient care, data entry, and plans for coordination.	**10**
		Total: 100