

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH
DOSE RECONSTRUCTION WORKGROUP

The verbatim transcript of the Meeting of the Advisory Board on Radiation and Worker Health's Dose Reconstruction Workgroup held at the Center for Disease Control's National Institute for Occupational Safety and Health, Cincinnati, Ohio, on April 30, 2003.

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April 30, 2003

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TRANSCRIPT LEGEND

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P A R T I C I P A N T S

(By Group, in Alphabetical Order)

DOSE RECONSTRUCTION WORKGROUP

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Katz, Ted
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Neton, Jim
Summers, Louis Al

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Domal, Michael J.
Meiners, Steve
Rogers, Andrew
Steter, Elisabeth
Ulicny, William D.
Walker, Thomas J.
Wood, Ray

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this contract on behalf of the Advisory Board.
We are in the process of trying to get one other member
of the work group, Roy DeHart, who could not physically
be here this morning but may be able to join us by
conference call here shortly.

(Pause)

Modern technology is great, isn't it?

(Pause)

We'll check it off-line and then come back and try it
again.

Let me just pause here just a moment and turn the mike
over to Larry Elliott for just a very brief word.

MR. ELLIOTT: Well, on behalf of NIOSH and Cincinnati,
I welcome you all here. We're glad to see a number of
new faces that are interested in this particular
request for proposals, and we hope that you find the
day -- this morning to be productive and informative.
I just want to make sure you all are aware, we are in a
conference room with two exits, of course, for safety
purposes. The men's room and the ladies' room are
right down the hallway if you need those. Everybody
has a badge on and that's good, I believe, so we want

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to make sure that our guard sees everybody with a badge, but thank you for coming.

DR. ZIEMER: Thank you, Larry. The Advisory Board operates under FACA rules, which means that we do keep open records of our activities. The meeting this morning will be transcribed. We have a recorder here so that he will be keeping a record, which will become a public record of all that transpires here this morning.

If you do speak on the record, either asking a question or making a comment, we ask that you identify yourself by name and, as appropriate, by organization so that that is in the public record, as well.

Our focus today will be primarily on answering questions pertaining to the request for bids that has gone out in the public sector. There are copies of the solicitation on the table if anyone needs additional copies. That material includes a lot of what I might call sort of standard Federal boilerplate, but it also includes some specifics, the tasks that the Board wishes to have carried out on its behalf. Those tasks and the related material were developed by this work

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group here, so from a technical point of view they are the ones who in a position to identify and answer questions pertaining to the technical matters that are before us.

Al Summers, as the procurement person for CDC, is in a position to answer questions that you may have on the flow of paperwork and the timing and any of those kinds of things pertaining to how the materials are actually handled or how they are evaluated, and those kinds of questions that are pertaining to the handling of the bids as opposed to the technical content.

So with those preliminary comments, I'm going to call on Al Summers and Al, if you would just make any general comments you have at this time and then we will proceed from there.

REVIEW OF DATES IN SOLICITATION

MR. SUMMERS: Good morning, everyone --

DR. ZIEMER: Use the mike, if you would, Al.

MR. SUMMERS: Good morning, everybody. The only thing I'd like to do is to briefly review the dates that are in the solicitation. The issue date was the 23rd. Today, a week later, we're having a pre-proposal

1 conference. I had hoped to give you a little bit more
2 time. Our headquarters review of the solicitation
3 document took a little longer than I had anticipated,
4 so all we had was the one week.

5 The due date for receipt of questions is the 5th of
6 May, and then the proposals are due on the 28th of May.
7 Most people tend to submit their proposals at the very
8 last minute, and I just wanted to make people aware
9 that sometimes Fed Ex is not overnight, and I have
10 gotten late proposals from Fed Ex, and if your proposal
11 comes the day after or later in the day, Fed Ex will
12 offer you an apology and your solicitation will not be
13 considered. Just to advise you it may be a good idea
14 to get it in a day earlier.

15 We will do a technical review if necessary, conduct
16 discussions, and we anticipate an award prior to the
17 end of September. And that's about all I have to say.

18 I'll answer any procedural type questions you might
19 have.

20 **DR. ZIEMER:** Okay. Thank you very much, Al.

21 Before we open the floor for questions, I thought it
22 would be helpful if we had a brief overview of what it

1 is that the Board is interested in, and that is
2 predicated on the activities that NIOSH itself is doing
3 on dose reconstruction. So we've asked one of the
4 NIOSH staff person who's very much involved in that
5 process, Jim Neton, to give us a kind of overview which
6 will help perhaps clarify both the role of NIOSH, as
7 well as the role of the Board, in this whole activity.

8 And then we'll focus a little bit on what the contract
9 tasks are, maybe summarize -- these are the tasks that
10 the Board itself has approved based on the dose
11 reconstruction work group's work.

12 And Jim, are you prepared to give us a brief overview
13 of those issues?

14 **OVERVIEW OF DOSE RECONSTRUCTION WORKGROUP**

15 **DR. NETON:** Yes.

16 **DR. ZIEMER:** Thank you.

17 **DR. NETON:** Thank you, Dr. Ziemer.

18 **DR. ZIEMER:** And I understand we have handouts, as
19 well, if people want copies of these. Is that correct?

20 **DR. NETON:** Yeah, that's correct.

21 **DR. ZIEMER:** Does everybody have one?

22 **DR. NETON:** You all should have a three-page handout

1 that has I think eight slides on it. I'm not going to

2 --

3 **DR. ZIEMER:** Is there anyone besides the Chair who
4 doesn't have this? Okay, thank you.

5 **DR. NETON:** I don't want to take a lot of the folks'
6 time at this conference -- pre-bid conference because I
7 know it's primarily here for y'all to ask questions
8 about the statement of work that's out. It's pretty
9 lengthy, but really as far as the technical statement
10 of work goes, it's down to about six or seven pages, I
11 believe.

12 I thought it might be helpful to just briefly talk
13 about some of the key differences between what NIOSH
14 does, and our ORAU contractor for dose reconstructions,
15 compared to what's traditionally done for occupational
16 radiation protection dose reconstructions, or
17 dosimetry. What I'm going to talk about is essentially
18 outlined in Federal Regulation 42 CFR Part 82 where our
19 dose reconstruction methodology is outlined. But I
20 just want to touch briefly on some of the key issues.
21 Mainly we are tasked with doing dose reconstructions --
22 I think there's about 12,000 in-house right now that

1 we're working on with ORAU to complete, so it's a
2 fairly large-scale effort. But to do these dose
3 reconstructions we're going to use all available
4 workplace/worker information, evaluate all the doses
5 that the Department of Energy provides us. And more
6 importantly, we tend to add in this undetected, or
7 what's sometimes called in the field "missed dose".
8 That's something that you don't normally see in a
9 dosimetry calculation out there in the field. That's
10 one of the key differences.

11 We also tend to -- we will use what's called a tiered
12 approach where we have a hierarchical approach to use
13 of the data. We will first preferentially use coworker
14 -- I mean use personal monitoring data that was taken
15 on an individual, whether it's a TLD or a bioassay
16 sample, something of that nature, if an analysis of
17 that data indicates that it is of value and is a valid
18 measurement. We're not tied to using it if we feel for
19 some reason it wasn't technically adequate.

20 But if that type of information is not available, then
21 we would back off and try to use coworker data. And
22 lacking coworker data, we'd go and use area dosimeters,

1 radiation surveys, that sort of stuff -- sort of
2 workplace monitoring information.

3 And then all the way down at the bottom of the scheme
4 we would resort to source term information if there was
5 nothing else available at that point.

6 That gives you a little bit of flavor of the
7 differences of how we approach this. And in these
8 reviews I suspect that you'll end up -- whoever the
9 successful bidder is will see all flavors of those
10 types of dose reconstructions for evaluation.

11 Another key difference is that we're not tied to using
12 these 50-year doses for internal dosimetry that's used
13 in the Department of Energy currently. You'll see
14 annual dose equivalents calculated from an internal
15 dose for every year of exposure from the time the
16 person was exposed to the date of diagnosis. And all
17 of these calculations for internal dosimetry will be
18 based on the ICRP-66 lung model and the more current
19 metabolic models that are out there, so that's another
20 key difference. A lot of folks may not have experience
21 with that, but you need to be aware that that's what's
22 being used.

1 Also there will be estimates of uncertainty about these
2 dosimetry values when necessary. Again, that's not
3 something that's commonly seen in current practices.
4 Also there will be interviews with claimants that must
5 be considered as part of the dose reconstruction, so
6 that will be required in the review. And probably one
7 of the more important features is the claimants'
8 assertions are provided the benefit of the doubt. When
9 information is lacking and there is no technical
10 direction to point one way or the other, we will be --
11 the dose reconstruction will be claimant -- should be
12 claimant-favorable. That's something that -- to be
13 aware of.

14 Also medical screening X-rays are included. This is
15 not traditionally considered occupational exposure, but
16 NIOSH has taken the position that if a person's medical
17 X-ray was required as a condition of employment, that
18 should be included.

19 And I think one of the key things here, the last bullet
20 on I think the first slide is emphasis on efficiency
21 without biasing outcome. As I indicated, there's a
22 tremendous amount of number of dose reconstructions to

1 be conducted, so NIOSH has tried to adopt an efficient
2 process so that the dose reconstruction's only taken as
3 far as necessary to make a -- allow the Department of
4 Labor to make a final decision whether or not that dose
5 reconstruction is compensable or not compensable.

6 So NIOSH is doing all these dose reconstructions with
7 ORAU, contract support help. And the Board is tasked
8 in the Act -- and I've indicated on the role of the
9 ABRWH, item two, the Board is tasked under the Act with
10 reviewing the scientific -- shall advise the President
11 on the scientific validity and quality of dose
12 estimation reconstruction efforts being performed for
13 purposes of a compensation program. So this is
14 essentially the gist of what this task order RFP is
15 about. It is to assist the Board in reviewing a
16 representative sample of the dose reconstructions.
17 That's outlined in the proposal. I think you'll --
18 it's fairly well-described, and that's exactly what
19 we're talking about here today.

20 There's three contract tasks that are outlined. This -
21 - the proposal is not limited to that, but these are
22 the main issues that the Board is requiring assistance

1 with. One is the individual dose reconstruction
2 reviews, and there's three different types of those.
3 There'll be a basic, advanced and blind review that
4 will be assigned to the contractor -- task order
5 contractor for review. And there are two examples
6 provided of these -- I think there's an example of the
7 basic and an example of an advanced review provided in
8 Section L -- no, it's provided as an attachment.
9 I forget what the attachment number is, but you need to
10 look at Section L-1 to make sure that you respond to
11 that requirement that you bid against those two
12 examples. There's two examples in there that the
13 review panel will be looking at to evaluate the
14 technical adequacy and the cost realism of your
15 responses to those two tasks.
16 The other two issues outside -- other two tasks outside
17 of the review of the dose reconstructions are the NIOSH
18 site worker -- site and worker profile reviews and the
19 review of the Special Exposure Cohort petitions, which
20 we do not have any in-house at this point. The rule is
21 currently out for comment as an NPRM.
22 And lastly I just want to mention that the evaluation

1 factors are contained at the end of the proposal, and I
2 would strongly urge people to review the prerequisite
3 section of those evaluation factors. There are some
4 issues in there that would prohibit certain parties
5 from bidding based on certain participation in certain
6 different contracts and that sort of thing.

7 That's all I really had to say. Other than that, I
8 think I'll just turn it back over to the Advisory
9 Board.

10 **DR. ZIEMER:** Let me ask if anyone attending here today
11 has any questions on this brief presentation, anything
12 that was just said, for clarification?

13 There appear not to be any questions on that. Let me
14 point out to you that in the big packet, the -- on page
15 2 of 65 entitled Section B -- is the section that is
16 entitled Supplies or Services and Prices and Costs, so
17 that spells out something about the scope of the
18 contract. I'm sure perhaps you've seen that. And then
19 more specifically, the work statement that was
20 developed by this work group and has been approved by
21 the Advisory Board is -- begins on page 3 of 65, called
22 Section C -- Description/Specification/Work statement.

1 And that work statement delineates what Jim has just
2 summarized for you, particularly the contract tasks,
3 the basic reviews, the advanced reviews and the blind
4 dose reconstructions. So that -- those are spelled out
5 there, and that goes from page 3 up through page 7 of
6 65, if you have no already identified that basically is
7 the technical statement of tasks that you want to focus
8 on.

9 The two examples that Jim referred to when he talked
10 about Section L-1, if you look at L-1, all it says is
11 that there are sample task responses, and you need to
12 respond to those, but those aren't actually give on
13 page 47 of 65, which is where L-1 appears. Those two
14 examples are in an earlier part of the packet, before
15 the numbered pages begin, really. That is before the
16 65 numbered pages begin. And those are contained in
17 what is called Attachment E, so under the cover letter
18 there are a number of various attachments, and
19 Attachment E contains the two sample tasks, example
20 task one and example task two, which is Attachment F.
21 So Attachment E and Attachment F are those two example
22 tasks which are referred to in Section L-1 of the

1 solicitation.

2 Did I make that sufficiently confusing so that no one
3 can find it?

4 Okay, well, I'm not sure how the packets here are
5 arranged. I downloaded mine separately so I'm going by
6 my arrangement. But anyway, make sure you find those
7 somewhere in your packet so that you understand. So
8 it's those two example tasks plus the statement of work
9 which constitutes the technical material that the Board
10 has immediate interest in, and that's the point I
11 wanted to make.

12 Okay. Now let me ask the chair of the work group, Mark
13 -- Mark, do you have any other comments you want to
14 make? I don't think we need to have you go through the
15 tasks. Those have been distributed. People have had a
16 chance to read them. Do you have any comments at this
17 point?

18 **MR. GRIFFON:** No.

19 **PARTICIPANTS' QUESTIONS**

20 **DR. ZIEMER:** No. Okay. Then I think we're ready to
21 open the floor for questions. These can be questions
22 pertaining to what we mean by things in the tasks. It

1 can be questions -- if you think something is left out
2 or some key point that you want clarified, that's fine,
3 as well. If there's something that you think we should
4 have considered and didn't, we will be glad to take
5 those kind of comments under advisement, as well, if
6 there's some bit of information you think you need that
7 would help you as you prepare your bid.

8 And a comment from Larry Elliott here while you're
9 thinking about your questions.

10 **MR. ELLIOTT:** Before we start taking questions, it's
11 important for you all to understand how this is going
12 to work. Any question that is put on the table today
13 we'll try to provide an answer for. If we don't have a
14 ready answer, then we'll do our necessary research to
15 find that answer and all of these questions and all of
16 the answers will then be rolled up into one nice
17 package and shared with everybody who's here today, as
18 well as those who may be interested in proposing
19 against this scope but weren't able to attend. So just
20 so you understand the process, you'll all get a copy of
21 everyone's questions and all the responses that have
22 been -- will be provided.

1 **MR. ESPINOSA:** Prior to the -- is it on? Prior to the
2 Q and A, can we get an introduction from the
3 contractors that are here?

4 **DR. ZIEMER:** That's permissible. I believe -- I don't
5 know if it's mandatory, but -- I suspect it's not
6 mandatory, but anyone that wants to identify -- do we
7 need a mike for this? We do need a mike for this --
8 lavalier, okay, so perhaps those who wish to so
9 identify could do so at this time. Thank you.

10 **MR. WALKER:** I'm Tom Walker. I'm with Jones
11 Technologies, but I'm representing also Proxtronics,
12 Incorporated out of Springfield, Virginia.

13 **MR. ULICNY:** Bill Ulicny with S. Cohen & Associates.

14 **MS. STETER:** Elisabeth Steter, Risk Assessment
15 Corporation.

16 **MR. MEINERS:** Steve Meiners, Safety and Ecology
17 Corporation.

18 **MR. DOMAL:** Mike Domal representing Arcadia Consulting
19 out of Denver.

20 **MR. ROGERS:** Andy Rogers representing Trinity
21 Engineering Associates.

22 **DR. ZIEMER:** Okay, thank you very much. And there are

1 a number of other Federal staff people here today, as
2 well.

3 Okay. Let's now open the floor for questions. I don't
4 -- I always have to tell my classes, no question is a
5 bad question. You may get a bad answer, but the
6 questions are always good, so please don't be bashful
7 about asking questions. Typically if you have a
8 question, others have that same question and somebody's
9 got to be bold enough to ask it, so please -- who
10 wishes to begin?

11 We do not want these Federal folks to think that their
12 solicitation was so clear everybody understood it.
13 Right?

14 **MR. ELLIOTT:** It's your solicitation.

15 **DR. ZIEMER:** It's our solicitation, but it's hidden
16 amongst a lot of boilerplate. Only kidding. Okay.
17 Who wants to go first?

18 **MR. WALKER:** Tom Walker from Jones Technologies. I'm -
19 - I'm not the one who's been following this procurement
20 for Jones and Proxtronics, so I'm going to ask a
21 question. It may be -- maybe it is a bad question, but
22 I assume that this is a new task and is not a recompute

1 of an existing task, so there is no incumbent
2 contractor?

3 **DR. ZIEMER:** That is correct. This is a new task.
4 Keep in mind that the whole activity that Jim just
5 described is fairly new. It basically just really got
6 underway a little over a year ago on the NIOSH side.
7 Several rulemakings have been in process relating to
8 it, including the dose reconstruction rule, which is in
9 the *Federal Register* now. And meanwhile the Board has
10 been under way in its task and it is charged, in a
11 sense, to monitor the dose reconstruction work. You
12 might think of it as a kind of audit. So there is a --
13 there is a contractor that does dose reconstruction
14 support on behalf of NIOSH. In a sense, this activity
15 will be looking at that work and sampling it for its
16 quality and related matters that might be of interest
17 to the Board in carrying out its task. So that's -- in
18 short, it is a new task. There is no incumbent
19 contractor.

20 **MR. WALKER:** Thank you.

21 **DR. ZIEMER:** And again, identify yourself for the
22 record, please.

1 **MR. WOOD:** I'm Ray Wood with Trinity Engineering
2 Associates. If we're a small bidder on this, small
3 business bidder, do we have to fill out a
4 subcontracting plan? It wasn't clear in the proposal
5 that we were exempt from that.

6 **MR. SUMMERS:** Yeah, the small -- you'll have to, in
7 order to get credit for the small disadvantaged
8 business participation factor. If you so choose to do
9 that, you would have to submit a plan for utilizing
10 small disadvantaged businesses. There is no formal
11 requirement for a subcontracting plan per se under this
12 solicitation because they're -- the work will be issued
13 on task orders. And until you have a task order with a
14 definitive statement of work that says you are to go
15 and do, you know, A, B and C, you wouldn't be able to
16 propose any real subcontracts. But if you have
17 arrangements with small disadvantaged businesses, you
18 can put that down in a plan -- in a separate plan.
19 It's not really a subcontracting plan, but it's a plan
20 to utilize small disadvantaged businesses, and there is
21 an evaluation factor which addresses that.

22 **MR. ULICNY:** Bill Ulicny with SC&A. The RFP asks -- I

1 think it's in Section L-11 -- for the sample tasks,
2 technical and cost information. Is that what you want,
3 or should the technical information be in the technical
4 and the costs be in the cost proposal?

5 **MR. SUMMERS:** You know, every time I put one of these
6 together I ask myself a similar question. Actually
7 we're asking for two different areas. Under your basic
8 proposal you are to submit, you know, personnel,
9 management, technical approach, those sort of things.
10 Under the sample tasks you have a specific work element
11 that you're supposed to submit a formal -- as if you
12 would if we -- if we issued that to you as a request
13 for a task proposal, we would expect you to put in a
14 separate proposal specifically for that -- those items
15 of work, and we would want to see the cost breakdown,
16 what goes into that.

17 **MR. ULICNY:** And the technical proposal?

18 **MR. SUMMERS:** The practical assessment for the two
19 sample tasks is to be a separate document, right.

20 **DR. ZIEMER:** Are there no additional questions?
21 Okay, another comment. Al, please.

22 **MR. SUMMERS:** There is a deadline of May 5th for

1 questions, so should you get back to your offices and
2 decide that there's something that you've come across
3 in the solicitation that you haven't addressed, you can
4 feel free to submit that in writing -- I'll take an e-
5 mail request -- and we'll try to answer those
6 questions, as well.

7 **DR. ZIEMER:** Al, is your e-mail somewhere here for
8 these folks --

9 **MR. SUMMERS:** It's on the cover page. It's LNS7, and I
10 specifically put it in caps, even though you don't have
11 to type it in caps, because if I put it in small -- in
12 lower case, the L looks like a one -- @cdc.gov,
13 correct. It's on actually the cover sheet of the
14 solicitation, which is underneath the cover letter.

15 **DR. ZIEMER:** Okay. Thank you for that. Tony, did you
16 have a comment?

17 **DR. ANDRADE:** I was going to suggest that perhaps it
18 might be useful if the chair of the dose reconstruction
19 work group noted just a couple of the main differences
20 between the basic, the advanced and the blind reviews.

21 Maybe that would stir up a couple of questions.

22 **DR. ZIEMER:** Okay. Tony came all the way from Los

1 Alamos. He doesn't want the meeting to end this
2 quickly, so he wants to stir up some more questions.
3 But I think it's certainly an appropriate -- Mark, do
4 you want to --

5 **MR. GRIFFON:** Sure.

6 **DR. ZIEMER:** -- sort of give a quick review and that
7 may indeed stimulate some additional questions or
8 comments.

9 **MR. GRIFFON:** Yeah, I think this is on page 5 and 6 and
10 --

11 **DR. ZIEMER:** Five and 6 of --

12 **MR. GRIFFON:** -- 5 and 6 --

13 **DR. ZIEMER:** -- 65, right? That's that section that's
14 numbered one through 65, yeah. Is that correct?

15 **MR. GRIFFON:** Right.

16 **DR. ZIEMER:** Right.

17 **MR. GRIFFON:** And there's a -- the basic review,
18 there's an advanced review and a blind review, and the
19 basic and the advanced -- these are for individual dose
20 reconstruction reviews. And then we have another
21 component which is to review these site profiles or
22 worker profiles. And then the third component I guess,

1 if we section it out that way, is reviewing the SEC,
2 Special Exposure Cohort, petitions.

3 And the first part, the individual dose reconstruction
4 reviews, we -- we modeled this sort of after the -- the
5 previous -- the Veterans program where -- where John
6 Till's advisory group had -- had selected about two to
7 three percent of the cases for review, and so that's
8 where we got some of these numbers that are in here.
9 We used 2.5 percent to estimate. We thought that we
10 wanted a more bas-- obviously basic -- more basic
11 review for most of them, but then for some we thought a
12 more advanced review was warranted.

13 And I guess the major difference, if -- you know, if
14 you look in those -- be advised that first sentence
15 there, it says the advanced review will include all the
16 task items in the basic review, along with the
17 additional tasks listed below.

18 And one -- one key point I think which in my mind sort
19 of highlights the differences is the -- is the first
20 bullet there on page 6, which says review the relevant
21 aspects of the site profiles as they apply to the
22 individual cases. So I think here in the advanced

1 review we're expecting more of -- first of all, NIOSH,
2 the way they've set this up, they have a full
3 administrative record for each individual review that
4 they've done. For the basic review -- and get the --
5 let me make sure I get this right with Jim Neton and
6 Larry, but they will put the documents that were
7 relevant to determining the dose -- they separate
8 those. They make a distinction. So on the basic review
9 we don't necessarily see the -- the contractor
10 reviewing the entire administrative record. For the
11 advanced review we would expect that you would review
12 the entire administrative record. And -- and so the
13 basic review -- you know, you're kind of assuming NIOSH
14 picked up the relevant stuff and we're going to review
15 it on that level. The advanced you want to pick through
16 and make sure they didn't miss something. That's sort
17 of the -- the notion there.

18 In addition to that, it's -- this tiered approach that
19 Jim described, the advanced review is sort of a way to
20 get at that -- you know, was that appropriate what --
21 they used -- maybe in one case they used all personal
22 dosimetry data. Well, let's -- let's match this up

1 against the site profile and make sure this is
2 consistent with air sampling in that individual's work
3 areas or whatever. If there's large discrepancies, did
4 -- did NIOSH account for those, make -- so that -- in a
5 nutshell, that's kind of the -- the major differences
6 on the basic and advanced.

7 The blind reviews are -- are going to be just that,
8 that you'll get the -- the case without NIOSH's final
9 analysis. You'll get the entire administrative record
10 and you'll just do a dose reconstruction yourself. And
11 I should point out that -- that, you know, we would
12 probably -- we expect the contractor to do the dose
13 reconstruction in the same approach that NIOSH is
14 using. In other words, Jim -- Jim emphasized this
15 earlier, that this is not necessarily -- that you're
16 doing dose reconstruction for the purposes of
17 determining causation, not -- so if someone's -- you
18 know, we've had some examples already reported to the
19 Board where the dose was high enough, just looking at
20 one accident, to trigger over 50 percent, so there was
21 no need to go forward further, you know. So we would
22 expect the same sort of approach used in the blind

1 review. And at that point, you know, there'll be
2 procedures established so the -- you, as the
3 contractor, would use the same procedures in place to -
4 - to do the blind review.

5 And I think that's it, and maybe -- maybe that stirred
6 up some questions.

7 **MS. STETER:** I have one. Lisa Steter, Risk Assessment.

8 The question I have is, you're going to be asking the
9 contractor to assess whether the dose reconstruction
10 performed by ORAU is reasonable, and does the Board
11 have guidelines as to what they mean by reasonable?
12 And if there's a dispute about that, you know, how is
13 that resolved?

14 **DR. ZIEMER:** That's a very good question. Keep in mind
15 that this is not -- these are dose reconstructions that
16 are complete. The decision has already been made on
17 the compensation or not, so on. So what the Board is
18 looking for is not to second-guess a particular case,
19 but to look for issues -- like an auditor would
20 auditing a bank statement -- and say okay, something --
21 there's some pattern of something going wrong here.
22 It's certainly possible that one might get a slightly

1 different answer, but we're looking for issues that
2 might arise that point to something in the system that
3 is not being done correctly. So in that sense, what
4 comes back to the Board is not something like this case
5 was handled wrong, but we are seeing certain things
6 occurring. And it may make a difference whether that
7 happens one time or you're seeing it on a regular
8 basis.

9 So the Board is looking at it as a kind of audit.

10 Obviously if -- if there were a great discrepancy and -
11 - it's conceivable, and I don't think here we have a
12 particular guideline that would point out something to
13 NIOSH and they, on their own, might say well, we're
14 going to reopen this case. But the intent of this is
15 not for us to come back and ask them to, you know,
16 reopen cases and do this and that. It's to look at
17 whether they are following their guidelines
18 appropriately and whether there are glitches in the
19 system that we think should somehow take a -- say a
20 mid-course correction, or something's being omitted or
21 the models are not appropriate -- or whatever it might
22 be that arises. So I think, in that sense, we're sort

1 of open.

2 But we're expecting the group -- and the contractor
3 that supports this would have to help the Board. We're
4 expecting regular reports at our full Board meetings as
5 to the cases that we have reviewed and what -- and a
6 summary of the findings. Like for example, we reviewed
7 20 cases last month and in 19 of those cases everything
8 was fine. In one case we found this. And again, we
9 would not be, in open meeting, identifying particular
10 individuals or anything like that. We would be looking
11 for the sort of trends or issues kind of thing.

12 I don't know if that sufficiently answers -- and maybe
13 others on the working group -- Mark, do you want to add
14 to that?

15 **MS. STETER:** (Off microphone) It actually raised a
16 couple of (inaudible). That's a good (inaudible).

17 **DR. ZIEMER:** Yeah, and we would -- you know, this is --
18 this is new territory in terms of what it means to
19 audit what is being done because we've had a lot of
20 discussions on the Board itself, and I'd been pushing
21 the Board not to think of this as second-guessing or an
22 appeal process for -- for people who didn't get the

1 result they wanted. This is to check and monitor
2 what's being done and -- and identify issues.

3 **MS. STETER:** That brings up two other things. As far
4 as a cost proposal, should we include not only the cost
5 of the reviews, but also advice to the Advisory Board
6 and meeting with the Advisory Board, and what are you
7 looking for there?

8 **DR. ZIEMER:** I believe the answer to that is yes,
9 because we expect -- in a sense, the reason we're
10 getting a contractor is not everyone on the Board is,
11 for example, a health physicist. And even those who
12 claim they are may not be dose reconstruction people.
13 So -- but we do expect the contractor to defend their
14 work to individual Board members who may be working
15 with them, two or three in small groups, that will
16 report back to the Board. So the contractor is going -
17 - going to have to have a regular summary and, in some
18 cases, maybe expected -- I don't recall if we spoke to
19 this -- to actually be available at Board meetings from
20 time to time.

21 If you look back at our record, we've been meeting an
22 average of almost once a month. We're hoping that it

1 won't be that often in the future, but perhaps once
2 every two months or something like that. So there
3 would be the ongoing reviews on some regular basis, and
4 then opportunities to meet with those Board members who
5 have to bring a report back to the Board and also
6 defend the outcomes.

7 **MS. STETER:** And the other question that relates to
8 this is, there's a statement that says no information
9 related to data obtained under this contract shall be
10 released or published without written authorization of
11 the contracting officer.

12 What does this -- what does this mean relative to how
13 openly we can discuss the work with the public or with
14 workers? What's the intent there?

15 **DR. ZIEMER:** I'm going to ask some of the Federal
16 people, but this is -- this is medical information that
17 probably is -- you will be advised it's very
18 confidential, number one -- certainly on an individual
19 basis. I don't think we have addressed the issue, for
20 example, can you present a paper summarizing your work
21 at a meeting Risk Socie-- RS -- Risk Society, whatever.
22 But -- and maybe that's something that has to be

1 discussed, but certainly there's a confidentiality.
2 And we also recognize that even if you de-identify
3 names, sometimes descriptions of the case will
4 themselves be identifiable to people. So this is a
5 serious issue.

6 We have -- there's a CDC attorney present who may want
7 to comment on that, and also some of the NIOSH staff,
8 but I know -- I know there are serious issues of
9 confidentiality.

10 Larry.

11 **MR. ELLIOTT:** The information that is contained in
12 these case files and the administrative record that
13 supports the decision, as Dr. Ziemer says, is
14 confidential. It is Privacy Act-controlled
15 information. As a contractor, you would be held
16 accountable to the Privacy Act requirements.
17 We would have to discuss and talk and clear any type of
18 publication that you, as a contractor, might want to
19 put into the public venue.

20 **DR. ZIEMER:** Nothing to add? Jim? Always enjoy it
21 when an attorney says yeah, that was the right answer.
22 Right?

1 Okay, Dr. Andrade has a question or a comment.

2 **DR. ANDRADE:** Partially in response to her question,
3 and as well as one I was going to propose for the folks
4 that are gathered here today, as clarification so that
5 everybody can go home happy about this regarding one of
6 the statements in the SOW in the blind dose
7 reconstruction description. Down towards the very
8 bottom of page 6 of 65 there is a statement that
9 alludes to the fact that one task in evaluating that
10 the data identification and collection process were
11 adequate may require the contractor to conduct
12 interviews, one on one or group, with employees, et
13 cetera. I know what the answer is, but I'd like for
14 either a Federal officer or our Chairman to very
15 specifically state what the limitations on that are.

16 **MR. ELLIOTT:** The expectation in this regard is that if
17 it's necessary to interview an employee or employees or
18 groups of experts for a particular site, that would be
19 done off-site. We won't be gaining access for this
20 contractor to go into the site and hold these kind of
21 interviews or review information on the DOE site
22 itself.

1 **DR. ZIEMER:** Okay. Okay, got further questions,
2 comments?

3 **MR. MEINERS:** Steve Meiners, Safety and Ecology
4 Corporation. How will all of the information be
5 provided to the contractor? Will that come in boxes of
6 paper or on a CD or...

7 **DR. ZIEMER:** I think I'll let Jim or Larry answer that,
8 but it's probably going to be on electronic format,
9 mostly.

10 **DR. NETON:** Yes, that's correct. The information will
11 be available on a CD as part of what Mark has alluded
12 to. It's called the administrative record, which is a
13 series of folders. It contains all the information
14 that was used to make a -- to do a dose reconstruction
15 on a particular case.

16 **MR. ELLIOTT:** I would add to that -- that, though,
17 there are a number of documents that are used to
18 establish the methodology for dose reconstruction here,
19 and those documents are contained on our web site, but
20 they're also accessible on an internet basis internally
21 here to us. So a contractor could come here and access
22 those kinds of documents, site profile-related

1 information, those kind of things. We could make that
2 also available -- perhaps in some cases -- on the
3 compact disk that supports the administrative record
4 for a review. So we'll have to look at that. There's
5 a variety of information that would have to be
6 assembled for this -- for the different types of review
7 that are going to occur here.

8 **DR. ZIEMER:** But in principle, much of this could be
9 done sort of at home, as it were.

10 **DR. NETON:** That's correct. The administrative --

11 **DR. ZIEMER:** If that's what you're asking -- you know,
12 what's the form and where do you have to go to get to
13 it. And if -- once we identify cases to be reviewed,
14 those could -- the information could be gathered in
15 electronic form, say on a disk, and provided to the
16 contractor.

17 **DR. NETON:** That's correct. The administrative record
18 -- the intent of the administrative record is to be a
19 self-contained entity so that you could do the review.

20 And it includes things as -- as obscure government
21 reports that may have been used to do the dose
22 reconstruction. It does not include what we would

1 consider readily-retrievable records such as health
2 physics journal articles, books that are available at
3 most larger libraries, that sort of thing.

4 As far as the reports go, the technical basis documents
5 that ORAU would be developing, those would be out and
6 available on the web site for -- for review.

7 **MS. STETER:** Change of subject -- Lisa Steter again,
8 Risk Assessment Corporation. The RFP implies that you
9 might actually choose more than one contractor and then
10 have them bid against one another for specific task
11 orders. Is that the correct interpretation, and if so,
12 when would you decide how many contractors you're going
13 to hire. And would a company know before signing the
14 contract who else would be one of the selected
15 contractors?

16 **MR. SUMMERS:** I think that was two questions.

17 **MS. STETER:** (Off microphone) It was three, actually.

18 **MR. SUMMERS:** Three questions. Yes, there is a
19 possibility that we will make multiple awards. That is
20 actually the preferred method. It will -- I can't tell
21 you right now whether we'll be making one, two or
22 three. I can probably tell you it wouldn't be more

1 than three. And it will depend upon the proposals that
2 we get in and the evaluation process. We would make
3 any and all awards at the same time, so there wouldn't
4 be a notification. You would probably -- you would be
5 notified, when we made an award, of any other
6 contractors who did receive contracts, as well.

7 Did that answer the three questions or... Okay. There
8 was one other point. There was some discussion about
9 the cost of reporting to the Board or being present at
10 Board meetings.

11 This contract is structured to be an IDIQ, an
12 indefinite delivery/indefinite quantity type contract.

13 The only funding that will be provided will be on
14 individual task orders. I would assume that probably
15 what will happen is that you'll have to include in your
16 proposal for an individual task order the cost of
17 reporting to the Board.

18 Alternatively, there could be a task order issued,
19 particularly after there's some track record, maybe,
20 after the first year -- during the second year -- if it
21 appears that there are maybe six Board meetings a year
22 that you'd be required to make a presentation at, the

1 possibility exists of issuing an individual task order
2 just to cover those meetings. But there will be no
3 funding under the base contract.

4 **MR. ELLIOTT:** Al, is it correct that -- this is a task
5 order contract, that's recognized. Is it correct to
6 assume that if there are multiple awardees that they
7 will find themselves working on different tasks? They
8 won't find themselves cojoined (sic) on one task.

9 **MR. SUMMERS:** Whenever there's a requirement, the way
10 it's structured -- and if this isn't how someone
11 envisioned it, we'll have to go back and reconsider it
12 -- but the way I am looking at it right now is that
13 when there was a requirement for a particular task,
14 that requirement would be furnished to all contractors
15 holding a contract and they would -- they would all be
16 available to submit proposals. I don't know if that's
17 -- did that clarify it?

18 **UNIDENTIFIED:** For me, I don't know about for the
19 audience.

20 **DR. ZIEMER:** Well, for the Board there may be
21 questions, too. What is the turnaround time on task
22 orders when you have that additional requirement?

1 **MR. SUMMERS:** I'm not sure what the particular time
2 frame is on this one, but normally we give about a week
3 or ten days for a contractor to submit a proposal.

4 **MS. DIMUZIO:** (Off microphone) It's 14 days -- once we
5 submit the task order to the contractor, it's 14 days
6 for the contractor to submit the proposal back to you.

7 And then if we have issues or if the Board has issues
8 or concerns, then there's another seven days for the
9 contractor to turn it around.

10 **DR. ZIEMER:** Okay.

11 **MS. DIMUZIO:** (Off microphone) But I just have a
12 question related to attendance at Board meetings. If
13 we were to have multiple awardees -- I mean they would
14 have -- they would need to attend the meeting -- both -
15 - both contractors would need to attend the meeting, so
16 they would both be under a task, so under that
17 scenario, wouldn't they both be given tasks -- they
18 would both -- each have a task order to attend to Board
19 meetings because you -- we would want each -- each
20 contractor to report on -- on the dose reconstructions
21 that they may be doing, so really both of the -- of the
22 contractors, if there's more than one, they would each

1 have some task about attending Board meetings.

2 **MR. SUMMERS:** Either a separate task or the cost for
3 each of them to attend would be included in any tasks
4 that they were issued.

5 **DR. ZIEMER:** Thank you. That's -- yeah, you have an
6 additional question, Lisa? Please.

7 **MS. STETER:** The RFP asks for a fair amount of detail
8 relative to number of workers and ensuring they've been
9 through proper security processing. And I'm just kind
10 of curious, how much information are you looking for in
11 this initial proposal versus the task orders as far as
12 identifying manpower and, you know, actual levels of
13 commitment to the -- to a particular project?

14 **DR. ZIEMER:** Who knows the answer to that question?
15 Does anybody?

16 **MS. STETER:** Do I need to ask it again? Did --

17 **DR. ZIEMER:** No, I think we understand it. It's sort
18 of what do you have to have up front to show
19 capability, I think is what you're asking. Right?

20 **MS. STETER:** Yeah, in just a --

21 **DR. ZIEMER:** Are you asking for actual identification
22 of people?

1 **MS. STETER:** Yeah, I mean --

2 **DR. ZIEMER:** Up front?

3 **MS. STETER:** -- yeah, at this level, or is that

4 something that comes when you get to the task order?

5 **DR. ZIEMER:** Well, I think the Board is -- certainly

6 wants some level of confidence that you have access to

7 people who can do -- do this task, so -- I know --

8 Mark, you have a --

9 **MR. GRIFFON:** I think part of the -- in Section M, the

10 evaluation criteria, page -- if you haven't looked at

11 it, page 61 it starts on -- certainly lays out what

12 we're going -- what the awards'll be evaluated against,

13 and I think we need at least enough specifics on

14 personnel to be able to evaluate those criteria.

15 There's personnel criteria. There's also a conflict of

16 interest section there. And you know, just to state

17 that you have staff health physicists I think might not

18 be detailed enough to be able to make a judgment on

19 that section, so --

20 **DR. NETON:** I might add to that --

21 **DR. ZIEMER:** Jim and Al --

22 **DR. NETON:** This is Jim. I think in the proposal it

1 also provides a sketch of what the expected workload
2 would be by year, like a number of tasks by degree of
3 investigation -- advanced, blind. I think one should
4 propose at least a sufficient staff to -- to accomplish
5 those tasks. There's no guarantee that those are all
6 going to happen, but that is the projection made by the
7 Board as to the anticipated workload, and staff should
8 at least be -- proposed to be adequate to address those
9 -- those tasks.

10 **DR. ZIEMER:** Al, do you have anything from the
11 contracting point of view to add to that?

12 **MR. SUMMERS:** I'm not sure if you were partially
13 asking, as far as the proposal here, whether you should
14 include that information in the practical assessment
15 for the two sample tasks. I would think that you'd
16 have to -- that the personnel and the personnel
17 qualifications would be listed under base -- the base
18 proposal. And then when you submit the task order, you
19 would reference those people who you proposed in the --
20 in your basic proposal, listed them as personnel.

21 **DR. ZIEMER:** Okay, but they, at one place or another,
22 would end up being identified so that there'd be an

1 ability to evaluate the quality of the individuals
2 involved.

3 Okay. Thank you. Further questions? Comment? Okay,
4 Larry?

5 **MR. ELLIOTT:** Dr. Andrade raised a question with me on
6 the -- on the side of the table here that may help
7 folks, and I think we need to be clear about this
8 ourselves. The Board will generate these task orders.

9 And in the negotia-- if it's multiple award to several
10 contractors, two con-- two or three contractors, and
11 those contractors who have been awarded under this
12 scope will bid against those task orders. And then the
13 Board will decide and negotiate with the awardees as to
14 who gets the task. So the Board will see the proposals
15 and they'll see the qualifications of the individuals
16 and they'll see how the individual contractors viewed
17 the scope of that task and make a decision on who to
18 award that task to. So it's the Board's discretion as
19 to whether to award to one or to multiple on a task.
20 Did that help? Is that correct? I think I'm correct,
21 but Al's -- Al's looking askance at me.

22 **DR. ANDRADE:** Jim was talking about --

1 **DR. ZIEMER:** Hang on, Tony, just a minute. We've got
2 to take care of the askance look here.

3 **MR. SUMMERS:** I think what you pretty much said was
4 that we can award multiple task orders on a given
5 requirement? Is that -- I don't think that's what we
6 intend to do. I think what we intend to do for -- for
7 an individual task statement of work is to compete it
8 between awardees, negotiate it, and then select one of
9 the contractors to perform that element of work. And
10 then when a new requirement comes up, to do the same --
11 to conduct the same process.

12 **DR. ANDRADE:** Tony Andrade here. Precisely. I just
13 thought that the previous answer had perhaps produced
14 some confusion about that. If a task order is issued
15 and let's say two contractors have been chosen under
16 this RFP in general, one of them presents better
17 qualifications to perform that particular task, then
18 the Board can indeed decide that one of those
19 contractors will do that.

20 On the other hand, if there is enough work to do, if
21 the work needs to be split between two contractors and
22 contractors present appropriate credentials to address

1 the work, maybe one doing a half and another doing
2 another half, then the Board can also choose to have
3 both contractors perform work under the same task
4 order.

5 **DR. ZIEMER:** Same but different.

6 **DR. ANDRADE:** Same -- same but different type work,
7 split -- right, split into two tasks.

8 **DR. ZIEMER:** Split into two tasks then is what you're
9 saying. Gotcha.

10 **DR. ANDRADE:** Right, one task at a time for one -- one
11 contractor.

12 **DR. ZIEMER:** Okay. Now I think a question --

13 **UNIDENTIFIED:** That answered my question.

14 **DR. ZIEMER:** That answered the question. Okay.

15 **MR. ELLIOTT:** It goes back to what I said earlier. My
16 question was, will they be conjoined? No, they will
17 not be. They may be working on the same task, but the
18 task will be split apart.

19 **MS. DIMUZIO:** (Off microphone) Yeah, through that
20 negotiating process you would end up separating the
21 tasks.

22 **MR. ELLIOTT:** So you're not going to find yourself, as

1 a contractor, working with other contractor you don't
2 know anything about or you don't know where they come
3 from. But -- sorry if I confused you with that.

4 **DR. ZIEMER:** Okay, keep going. Or are you at the point
5 where you think all your questions are answered?

6 Okay. So where are you? We're depending on you, Lisa,
7 to keep it going here.

8 **MS. STETER:** Lisa Steter, Risk Assessment. In
9 preparing a cost estimate, how many task orders should
10 be planned for or how are you looking for us to present
11 costs?

12 **DR. ZIEMER:** Okay, Mark's going to answer that.

13 **MR. GRIFFON:** Well, I was --

14 **DR. ZIEMER:** Maybe.

15 **MR. GRIFFON:** -- I was actually going to raise the same
16 -- I think that we're expecting that everyone should be
17 -- should bid as if they're going to do all tasks.

18 Right? All tasks under the contract, and that would
19 include all the individual dose reviews, as well as the
20 site profiles and the petitions, and we give estimates
21 of the numbers, and I think you'd -- you'd have to go
22 by those estimates. I don't know. I don't think

1 you're going to bid it on -- on just doing -- assume
2 you just wanted to do the SEC petition review support.

3 I don't think -- I think you have to bid on the whole
4 package, is my understanding.

5 **MR. SUMMERS:** I have that blank look -- I have that
6 blank look again. My anticipation was that the cost
7 data would be submitted for the two sample tasks, not
8 for an overall -- you have to have the technical
9 capability to perform all elements of the work, but the
10 cost data itself would be limited to the two sample
11 tasks. I think that would be the preferred way of --

12 **DR. ZIEMER:** I think that's what we were thinking, too,
13 Mark --

14 **MR. GRIFFON:** Yeah, that's correct. I guess I -- I
15 mean I meant that --

16 **DR. ZIEMER:** The capability for --

17 **MR. GRIFFON:** -- should show the capability for all the
18 tasks, yeah. The personnel, et cetera should be laid
19 out, but the cost estimate should be just for those
20 two, yeah.

21 **MS. STETER:** Okay. So let me make sure I understand
22 that. The cost estimate would be for those two sample

1 tasks. We don't have to take that and then multiply up
2 by the total number of reviews. Okay. Thank you.

3 **MR. ELLIOTT:** I don't think we can predict at this
4 point, other than two and a half percent, what you
5 might encounter in a review. We can't talk volume
6 right now. So we tried to make a level playing field
7 with these two examples, and that's what you need to
8 cost out.

9 **DR. ZIEMER:** I think there's a question near the back
10 here, yeah.

11 **MR. WOOD:** Actually I got it answered by what he just
12 said. Ray Wood, Trinity Engineering Associates. I was
13 curious, does that mean then that you only want us to
14 provide you those sample tasks with the cost estimate
15 and no separate business proposal other than that?

16 **MR. SUMMERS:** The only complete cost proposal we want
17 is on the sample tasks, correct. There may be some
18 other things in -- in the business proposal that are
19 not directly addressed. In the instructions for the
20 business proposal there could very well be some
21 information in there that would not be included in the
22 -- in a cost breakdown for each sample task.

1 **DR. ZIEMER:** For example, Al, can you clarify...

2 **MR. SUMMERS:** I was afraid you were going to ask me
3 that.

4 **DR. ZIEMER:** Well, I'm trying to understand what you
5 just said there. You're saying there -- if there's
6 something else pertinent in the business plan that the
7 bidder wishes to bring out, they may want to do that,
8 but it's not -- wouldn't be included in the other
9 section?

10 **MR. SUMMERS:** That's my recollection. I'm going to
11 have to look here for a minute, if you'll bear with me,
12 and try to find something that's in -- that we would be
13 looking for in a business proposal that would not be in
14 the cost proposal for the sample tasks.

15 Part of the business proposal is the representations
16 and certifications, which are Section K. That would be
17 something that would be included in the business
18 proposal that you would not put in the sample task
19 proposal. Information on your accounting system and
20 there's a paragraph there for administrative data.
21 That type of information would be -- but as far as the
22 -- the section where it says cost data information,

1 which is direct labor, fringe benefits, materials and
2 services, travel, other direct costs -- those sort of
3 things would be contained in the proposal for the
4 sample tasks. There would be a few items, though, that
5 are listed under the business proposal that we would
6 want to see outside the task proposals.

7 Does that answer the question?

8 **MR. WOOD:** (Off microphone) Yeah, that helped a lot.
9 Thanks.

10 **DR. ZIEMER:** I don't want to prolong this if all the
11 questions have been addressed. On the other hand, we
12 don't want to shut it off, either, if --

13 **MR. WALKER:** Tom Walker with Jones Technologies again.
14 I'm sorry, I'm not trying to prolong this, but that
15 last question did trigger another one. Does that mean
16 that you do not need to have a schedule -- labor
17 categories and labor rates -- for the year of the
18 contract?

19 **MR. SUMMERS:** That's correct.

20 **DR. ZIEMER:** Any other comments by members of the work
21 group? Because if we've reached the point where we're
22 ready to adjourn, then I'm going to propose that we

1 adjourn. But again, I don't want to cut us off if
2 there are any lingering questions. Please -- this is
3 your opportunity. What we don't want to happen is we
4 adjourn and then several of you come up here and ask
5 questions.

6 **MS. STETER:** (Off microphone) I have a question
7 (inaudible).

8 **DR. ZIEMER:** Okay. Well, there's opportunity for
9 submitting written questions, of course, as well, but
10 we do want -- one of the things about the questions, in
11 sharing them, is that it helps everybody understand the
12 bigger picture, and so we want it all shared.

13 **MS. STETER:** Is there a process for requesting an
14 extension for the due date of the RFP?

15 **DR. ZIEMER:** I don't know the answer -- Al or a...

16 **MR. SUMMERS:** We are not at this time entertaining any.
17 If there would be, you know, a reason that would
18 affect multiple offerors, that is a possibility. For
19 an individual offeror, it would not be likely.

20 **MR. ELLIOTT:** I'd like to add to that and emphasize
21 that we're trying to effect this procurement before the
22 end of this fiscal year. If we don't get it done by

1 September, then we go into next fiscal year. And I
2 think the Board's anxious to get this underway, so
3 we're looking to get this put in place.

4 I know it puts a burden on you all with a short
5 turnaround, but that's -- that's where we're coming
6 from.

7 **DR. ZIEMER:** Okay. Let me thank all of those who did
8 participate today. It's been helpful to the Board, as
9 well as to -- I'm sure to all who are involved in this
10 process. If there are no further items to come before
11 us, we stand adjourned.

12 (Meeting adjourned at 10:25 a.m.)

