

REQUEST FOR TASK ORDER PROPOSALS

SCOPE OF WORK – TASK ORDER #NICS-CT001

PROPOSED PERIOD OF PERFORMANCE: May 1, 2001 – April 30, 2004

A. TASK DESCRIPTION:

Scientists, ethicists, and community representatives all agree that a successful HIV vaccine research program requires two equally important ingredients. First, we need strong vaccine candidates and second, we need a social environment that is supportive of testing the vaccines in human trials. Building upon the belief that a preventive HIV vaccine represents the best hope of ending the AIDS pandemic, the Division of AIDS (DAIDS), National Institute of Allergy and Infectious Diseases (NIAID) is currently developing a national communications campaign to: 1) increase awareness of the urgent need for an HIV vaccine within communities most affected by HIV/AIDS, 2) create a supportive environment for current and future vaccine trial volunteers, and 3) improve the public's perceptions and attitudes toward HIV vaccine research.

To support this campaign, NIAID has convened a National HIV Vaccine Communications Steering Group. Made up of organizations and advocates that represent HIV-affected communities and national leaders in the area of HIV/AIDS, the mission of the Steering Group is to advise NIAID on the development and implementation of the national communications campaign to create a supportive environment for study volunteers to participate in trials. Building on existing research, the initial phase of this plan will focus on conducting baseline research on the knowledge, attitudes, information resources of HIV affected communities, and defining the social and information networks of potential trial volunteers. If our clinical research study schedule is maintained and the results are as expected, a large-scale efficacy trial (10,000+ volunteers) could start as early as July 2002.

Focusing on communities most affected by HIV/AIDS, the NIAID campaign must create both a supportive climate for large research studies within the next 24-36 months, and also sustainable support that will endure until a vaccine is licensed and available.

Promoting education, trust, attitudinal change, and community support for a program of this magnitude, on a politically charged topic such as HIV/AIDS, requires highly targeted social marketing and communications efforts. The Institute is seeking contract assistance to develop, implement, and evaluate this communications campaign.

Project Goal:

To create a long lasting and sustainable environment in which HIV affected communities and individuals at higher risk for HIV infection are more aware, educated, and supportive of HIV vaccine clinical trials and have more positive attitudes towards trial volunteerism.

Research Objectives

To measure the baseline knowledge and attitudes toward HIV vaccine research among target communities within the first 6 months of the contract award.

To determine what information is required by target communities to address the mistrust, myths, and misinformation about HIV vaccine research within the first 6 months of the contract award.

To identify how and what information should be provided to target audiences to promote more positive attitudes toward HIV vaccine research within the first 6 months of the contract award.

Communications Objectives

To foster an enhanced national dialogue concerning HIV preventive vaccines with the goal of increasing knowledge and fostering more positive attitudes towards vaccine research and volunteerism in target communities as measured by pre and post campaign research.

To inform affected communities and individuals at higher-risk for HIV infection about the hope that a vaccine brings for ending the AIDS pandemic. Messages will reinforce the idea that an HIV vaccine is possible and convey the urgent need for research to develop a preventive HIV vaccine, using positive, proactive, culturally-sensitive messages and strategies.

Programmatic Objectives

To create a partnership program with national, regional, and local organizations in the field of HIV/AIDS and public health to encourage and facilitate broad-based support for HIV vaccine research. Organizations currently represented on the National HIV Vaccine Communications Steering Group include:

- Academy for Educational Development
- AIDS Alliance for Children, Youth & Families
- AIDS Vaccine Advocacy Coalition
- Black Entertainment Television
- Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention
- Health Resources and Services Administration, Bureau of HIV/AIDS, Division of Community-Based Programs, Program Development Branch
- HIV Vaccine Trials Network
- National Association for the Advancement of Colored People
- National Association of People with AIDS
- National Medical Association
- National Minority AIDS Council
- National Network for Immunization Information
- National Newspaper Publishers Association
- National Youth Advocacy Coalition
- Office of Minority Health
- VaxGen, Inc.

To support, on a national level, the education efforts of the HIV Vaccine Trials Network (HVTN) in recruiting informed participants for HIV vaccine clinical trials.

B. RESPONSE DUE DATE:

March 28, 2001, 4:00 PM EST.

C. BACKGROUND:

Tremendous progress has been made in combating HIV infection in the U.S. and other industrialized countries. With the advent of highly active anti-retroviral therapy (HAART)

to treat HIV infection, and drug regimens to reduce maternal-infant transmission, deaths to due HIV in the U.S. have dramatically decreased. Yet, new infections continue to occur in this country and worldwide. There is an urgent need to find effective measures to prevent new HIV infections, particularly in those parts of the world where HIV continues to spread unabated.

The U.S. government, with the Department of Health and Human Services as the lead agency, supports research on many HIV prevention approaches, including identification of practical and affordable drug approaches to prevent maternal-infant transmission; education and behavioral modification; drug abuse treatment; provision of condoms; topical microbicides; treatment of other sexually transmitted diseases; and immunization. History suggests that effective immunization will provide the most effective, affordable, long-term approach to stopping the spread of HIV/AIDS.

Several lines of evidence support the contention that a safe and effective vaccine against HIV/AIDS is possible. Vaccines against other diseases where correlates were not known and where there were no ideal animal models have been developed. Experimental HIV/AIDS vaccines have proven efficacious to varying degrees in stringent animal model tests that use virus challenges that are significantly higher than what is believed to occur in most human exposures.¹ In light of these developments, an HIV vaccine presents the best hope of ending this pandemic.

Target Audiences

To create a national environment that is supportive of HIV vaccine research, NIAID must target its message to many overlapping audiences. Messages developed for different audience segments must support and reinforce each other, while concomitantly addressing the issues unique to the target audience in an appropriate and sensitive manner.

The primary target audiences for the DAIDS national communications efforts are the communities most affected by HIV/AIDS. These communities contain the social networks of those at increased risk for HIV/AIDS and those considering trial participation. The secondary target audiences for the DAIDS national communications plan are the organizations and individuals that are informational gatekeepers to these communities.

Definition of Target Audiences

To foster a national atmosphere that is conducive to the development of an HIV vaccine, affected communities must first be aware of the issues that surround HIV vaccine development, and then be supportive of continuing HIV vaccine research. Affected communities are defined as those that bear a disproportionate burden of disease or an increasing incidence of HIV infection. Those at increased risk for HIV infection, their social networks, and information gatekeepers are the target audiences for the DAIDS communications plan.

The African-American community continues to bear a disproportionate burden of the epidemic and there are indications that infection rates in Latino communities are increasing. Within the African-American and Latino communities, youth and gay men bear a disproportionate burden of HIV infection. (It is important to note that race/ethnicity is not a risk factor for HIV infection; however, the social and economic factors associated with race

¹ Text from the National Institute of Allergy and Infectious Diseases, Division of AIDS "HIV Vaccine Development Status Report: May 2000" Full report available at: <http://www.niaid.nih.gov/daids/vaccine/whsummarystatus.htm>

ethnicity, such as high poverty rates, unemployment, lack of access to health care are associated with increased risk.) Men who have sex with men (MSM) remain one of the groups at highest risk for acquiring HIV infection. Young gay men and young gay men of color are also at increased risk. Injection Drug Users (IDU) and female partners of IDUs as well as other heterosexual women at risk continue to be highly impacted by the epidemic. Therefore, the overlapping communities that have been identified as bearing a disproportionate or increasing burden of HIV infection include the:

- African American and Latino Communities
 - African American and Latino Women
 - African American and Latino Youth
- Men who have sex with men (MSM)
 - African American and Latino MSM
 - Young MSM
- Injecting Drug Users (IDU)
 - Women at Risk

Creating a supportive environment for HIV vaccine research must actively engage affected communities, which include many of the social networks of individuals at higher risk of HIV infection. This social network can be defined as the persons with whom higher-risk individuals routinely interact, as well as institutions that are an important part of their lives. This includes family members, sexual partners, significant others, friends, churches and faith-based organizations, community-based organizations (CBOs), AIDS service organizations (ASOs), local and state health departments, local elected officials, and colleges. These have been identified as sources of valued and trusted information. Messages must address the key issues that are salient to these audiences.

Other organizational audience targets include various federal government departments and agencies, national associations, and policy-making groups. These groups are important as they serve as information resources, and support the work of gatekeepers. The importance of reaching gatekeepers in these communities cannot be underestimated.

Need for a National HIV Vaccine Communications Campaign: Environmental Scan

While more fundamental research is necessary, the following are some points from previous research with respect to target communities:

- As a result of historic research abuses such as the Tuskegee Syphilis Study, African American's attitudes toward HIV vaccine research can be defined as a mixture of urgency and mistrust. Even with this skepticism, there is support for HIV vaccine research within African American communities. Ninety four percent of African Americans supported government spending on the HIV vaccine effort, and 47% thought it should be the government's top spending priority (KFF 1998).¹
- The 1998 Kaiser Family Foundation Survey of African Americans on HIV/AIDS found that HIV/AIDS knowledge among African Americans was high (KFF March 1998, p.18). Awareness of vaccine issues, however, was not as prevalent. The survey found 67% of African Americans polled were aware that there is no HIV vaccine currently available. Twenty percent were unsure and 13% incorrectly thought there was an HIV vaccine (KFF March 1998, p.19).¹
- Sixty eight percent of Latinos are aware that there is no vaccine available to protect a person from AIDS, however, 20% incorrectly believe that a vaccine is available (compared to 5% of the general public).¹ In addition, the Kaiser Family Foundation survey found that there were "differences in perceptions, knowledge and information sources regarding HIV/AIDS within the Latino population. These differences appear to be related to language of interview, ethnicity, region, income, education, religion, gender,

and age, factors which have been identified by other researchers as playing a role in HIV risk and related behaviors and attitudes.”^{3,4}

- When asked to rank government HIV/AIDS spending priorities, within Latino communities, vaccine research ranked first (43%), followed by education/prevention (33%) and treatment research (11%) [KFF May 1998, pg. 7].¹
- The opinions of trusted community leaders are important to gay men considering HIV vaccine trial participation.²
- In a CDC study that examined the willingness to enroll in an HIV vaccine trial in three affected communities, 41.4% of participants stated that they would not enroll, 46.6% said that they would enroll, and 12.6% said they were unsure. Perceived risks to trial participation included fears of negative side effects and risk of contracting HIV from the vaccine.⁵ Information regarding the research process should address issues of distrust and confidentiality, potential social harms from trial participation, future assistance with trial-related complications, and the availability of a licensed vaccine to affected communities.^{5,6}

Sources cited for audience data:

1. The Kaiser Family Foundation. “The Kaiser Family Foundation Survey of African Americans on HIV/AIDS.” Package code #1372 March 1998: 1-30. Full report available at: <http://www.kff.org/content/archive/1372/> and “The Kaiser Family Foundation National Survey Latinos on HIV/AIDS.” Package code # 1392. May 1998:1-23. Full report available at: <http://www.kff.org/content/archive/1392/>
2. Hays, R., Kegeles, S. “Factors related to the willingness of young gay men to participate in preventive HIV vaccine trials.” *Journal of Acquir Immune Defic Syndr Hum Retrovirol.* 1999;20(2):164-71.
3. Marin, B. and Gomez, C. (1994). “Latinos, HIV Disease and Culture: Strategies for HIV Prevention.” *The AIDS Knowledge Base.HIV InSite*; Peragallo, N. (1996).
4. Center for AIDS Prevention. “UCSF Fact Sheet: What Are Latinos' HIV Prevention Needs?” National Council of La Raza (1996). Center for Health Promotion HIV/AIDS Information Guide: HIV/STDs and Hispanic Women.
5. Strauss, R., Sengupta, S., et al. “Willingness to volunteer in future preventive HIV vaccine trials: Issues and perspectives from three U.S. communities.” *JAIDS* 2001;6:63-71.
6. Lagan, M., Collins, C., “Paving the Road to an HIV Vaccine: Employing tools of public policy to overcome scientific, economic, social and ethical obstacles.” Center for AIDS Prevention Studies, AIDS research Institute, University of California, San Francisco. Monograph Series: December 1, 1998.

D. STATEMENT OF WORK:

The following Statement of Work describes seven (7) separate components for ease of understanding. However, it should be noted that these components are highly integrated and the narrative approach and budget must indicate an understanding that demonstrates that integration.

Component 1: Meet with Key Personnel

The contractor will meet with NIAID/DAIDS staff, people involved in the HVTN, and members of the National HIV Vaccine Communications Steering Group to become familiar with the history, mission, issues, and objectives of the National HIV Vaccine Communications Plan, the National HIV Vaccine Communications Steering Group, and the HIV Vaccine Trials Network.

Tasks:

- In the first 30 days of the contract award, the contractor will collaborate with NIAID and the National HIV Vaccine Communications Steering Group in refining / finalizing the proposed communications campaign, which includes identification of major research initiatives, timelines, and cost proposals.
- Facilitate and support the full day, quarterly meetings of the National HIV Vaccine Steering Group, to be held at various national locations. This support includes but is not limited to:
 - Securing conference space, audio/visual support, food and beverage service for the meeting.
 - Arranging for hotel accommodations and travel arrangements for the 15-25 steering group participants and, on occasion, providing per diem payments.
 - Producing pre-meeting handbooks and follow-up summary documents. For example, recording/drafting/editing/distributing meeting summaries, minutes, and attendance records.
- Facilitate and support the monthly conference calls associated with the work of the National HIV Vaccine Communications Steering Group, producing pre-call handbooks and follow-up summary documents, as mentioned above.
- Facilitate and support information transfer between the HVTN, the steering group and NIAID staff through an exchange of meeting and conference call minutes, research updates, and other relevant materials.

Component 2: Communications Research

In order to develop messages, multimedia tools and identify information networks, the contractor will recommend, justify, and conduct research (e.g. in-depth interviews, focus groups, and/or other quantitative and qualitative research) to gather baseline information on each of the target audience's awareness, attitudes, and support of HIV vaccine research. This research will inform the development of the national communications strategy and be used to evaluate the success of the program.

Contractors must provide evidence of successful experience in the conduct of community-based research in populations historically distrustful of medical research efforts initiated by the U.S. Government.

Tasks:

- Assess the impact of prior HIV vaccine education and trial recruitment messages and materials on health care professionals, target audiences, and national community-based organizations.

- Review the existing print and audiovisual messages related to HIV vaccines and other relevant vaccines and assess anti-vaccine messages.
- Develop study design to utilize qualitative and quantitative research methodologies to gather baseline information on target audiences.
- Conduct research to assess baseline levels of HIV vaccine awareness, attitudes, and concerns within specific target audiences.
- Use secondary and, if necessary, primary research to determine the best avenues for message dissemination.
- Following message development and dissemination, evaluate the impact of messages on awareness, knowledge, and attitudes towards vaccine research.

Component 3: Development of Messages and Communication Tools

The contractor will create culturally appropriate messages and materials (print, audiovisual, and electronic tools) for communications about HIV vaccine research with the target audiences and their information gatekeepers. The contractor will develop promotion plans to disseminate information tools to affected communities and health professional audiences and track the level of distribution. The contractor will ensure that these messages and communications tools are clear, consistent, and culturally appropriate for target audiences. While the form, content, geographic focus, and number of these messages will be determined by the baseline research in each target audience, suggested tasks may include:

Tasks:

- Develop preliminary message concepts for each target audience with direct input from members of affected communities.
- Pretest and refine messages through qualitative and quantitative research.
- Solicit feedback on messages and materials from HVTN community educators prior to use.
- Create a strong vaccine campaign identity – a memorable logo and slogan incorporated in a distinctive design that will be culturally appropriate to the target communities and will unify elements in the campaign.
- Translate and adapt materials as necessary.
- Design and draft backgrounder kits of print materials including brochures, fact sheets, posters, and ad templates.
- Evaluate the effectiveness and utility of the publications targeted to affected groups.
- Create an HIV vaccine exhibit for 10 national conferences.
- Create a media kit with current background information for spokespeople.
- Create video(s) for lay audiences.
- Develop a series of print, radio, and TV public service announcements regarding HIV vaccine research for placement at different times over the project period.
- Develop computer based multimedia/internet-based communication tools.
- Refine materials as needed and create new materials as issues arise.

As health care providers may be identified as important information gatekeepers for target communities, outreach and education for health care providers may be used to reinforce the messages for target audiences. Message development for health care providers may include the following tasks:

- Access publications that provide listings and calendars of major conferences, events, and trade shows of national organizations to allow for advance planning and for determining the most important ones to target.
- Make recommendations on opportunities for exhibiting at relevant professional conferences and for targeted mailings to key professional organizations.

- Evaluate the effectiveness and utility of the publications targeted to health professionals.
- Create an HIV vaccine exhibit for 10 national conferences.
- Create a media kit with current background information for national spokespeople.
- Create video(s) for professional audiences.

Component 4: Develop Partnerships and Spokespersons

The contractor will work with NIAID staff and the Steering Group to create partnerships with organizations that are leaders within the target communities, public health, and/or field of HIV/AIDS. Many of the partnerships have already been created through the formation of the National HIV Vaccine Communications Steering Group. The contractor will develop a formalized partnership structure to encourage and facilitate gatekeepers to sign-on for active participation in a national HIV vaccine movement. The contractor will investigate partnerships with interested corporations and foundations to complement national education activities.

The contractor will also work with the Steering Group to identify and recruit notable individuals in each audience group with whom audience members identify and who will be actively supportive of program objectives. Working with audience group thought leaders, the contractor will develop a preliminary list of spokesperson candidates and field-test these along with desired spokesperson attributes in the focus groups being conducted for messages and communications materials testing. In addition, the contractor will work to incorporate vaccine development into the lexicon of government representatives speaking on behalf of the government's response to HIV/AIDS.

Tasks:

- Identify potential organizations for partnerships.
- Meet with key partners and establish clearly defined expectations.
- Investigate partnerships with corporations and foundations interested in complementing the work of the communications plan.
- Identify and develop a pool of approximately six spokespersons that will reach the different target audiences.
- Provide key talking points to spokespersons on bi-monthly/quarterly basis.

Component 5: Cultivate Media Relations

The contractor will cultivate relationships with key national and regional media representatives. The contractor will employ a proactive approach for generating supportive media coverage about HIV vaccine issues. Suggested tasks include:

Tasks:

- Promote the ongoing dissemination of messages that support HIV vaccine research including print, broadcast and interactive briefings, news/feature initiatives and other activities.
- Promote the ongoing dissemination of messages that highlight HIV vaccine research and its role in the fight against AIDS.
- Provide media training for spokespersons identified.
- Assist NIAID staff by developing media alerts, speeches, sound bytes, press kits, and media training.
- Develop and maintain up-to-date lists of media contacts (top 50 reporters) for television, print media, and internet in the areas of HIV/AIDS, STDs, minority health, and gay issues.
- Conduct media campaign around HIV Vaccine Awareness Day 2002, 2003.

- Conduct media campaign around World AIDS Day 2001, 2002, 2003.

Component 6: Develop a Crisis and Issues Communications Plan

The more controversial a subject, the more likely it is to generate a communications crisis. Rapid, clear, and strategic responses are essential to manage crisis issues effectively. The contractor will identify specific approaches for both proactive and reactive strategies for targeted audiences.

Tasks:

- Identify potential controversial issues and develop responses. Anticipate communication issues; assess risks and weaknesses.
- Establish a crisis communications plan, inform key leaders, train spokespersons.
- Develop messages and test as necessary.
- Assist with responses to public inquiries or letters regarding the campaign, including responses to negative inquiries and requests.

Component 7: Evaluation Plan

The contractor will develop a systematic mechanism to evaluate the effectiveness of program initiatives and provide necessary information for program modification over time. This process evaluation will also indicate the level of participation and satisfaction of intermediaries and partners involved in the program activities.

Evaluation will also provide measures of message dissemination and exposure, using clipping services, public service monitoring reports, and other methods as needed. Most importantly, measures will reveal how often the target audiences are being exposed to key messages, how they are using the materials, and how they are responding to the message content. Results of the evaluation may indicate that adjustments need to be made to increase the effectiveness of the program activities.

Tasks:

- Provide ongoing monitoring and program process evaluation.
 - For example, monitor the success of partnerships, collaborations with the steering group and the HVTN, frequency of message dissemination and audience response, etc.
- Conduct outcome and impact evaluation.
 - For example, evaluate the impact of the program on raising levels of awareness and knowledge and promoting more positive attitudes towards HIV vaccine research within the target audiences.

E. REPORTING REQUIREMENTS

Quarterly Progress Reports

By the 10th day of the calendar quarter, the contractor shall submit a report describing the activities during the reporting period, and the activities planned for the ensuing reporting period. At a minimum, this report shall include:

- A qualitative description of overall progress;
- An indication of any current problems which may impede performance, and proposed corrective action;
- A discussion of the work to be performed during the next reporting period;

- Recommendations

Each quarterly report shall include a summary table of each task, subtask, and detailed assignment linked to expenditures for that specific activity. In addition, a running total for the contract year shall be provided in a similar format.

Annual Progress Reports

The contractor shall submit an annual progress report within 15 calendar days after the end of the reporting annual period.

This report shall include a detailed summary of the output and results of the entire year of the contract. This report shall also include a detailed compilation of specific tasks and associated labor hours and costs during the reporting period. This report shall include a summation of the output and results of the entire contract work for the period covered.

F. TYPE OF CONTRACT AND NUMBER OF AWARDS

It is anticipated that one (1) cost reimbursement, level of effort contract award will be made from this request and that the award will be made on/about May 1, 2001. Because this is a multi-faceted project, offerors will be allowed to collaborate or subcontract with other contractors to provide the full range of services required by the 7 components of the Statement of Work.

It is anticipated that the award will be for a term of one (1) year with yearly options to extend services for an additional two (2) years, and that incremental funding will be used.

G. EVALUATION FACTORS

OFFERORS ARE ADVISED THAT IN THE EVALUATION OF THESE PROPOSALS PARAMOUNT CONSIDERATION WILL BE GIVEN TO TECHNICAL ISSUES RATHER THAN COST OR PRICE.

a. Understanding the Requirements and Technical Approach: (40 points) (Scientific, technical, or analytical approach to achieve project objectives, including a demonstrated understanding of potential problems)

The proposal must demonstrate a thorough understanding of the requirements of the Statement of Work and describe an approach which will demonstrate the achievement of timely and acceptable performance. The proposal shall present a comprehensive statement of the problem, scope, and purpose of the project to demonstrate an understanding of the requirements from a management and technical standpoint.

As it is difficult to anticipate the future needs and demands of this program, NIAID is looking for flexibility, creativity, and an ability to anticipate and address the ongoing challenges of this project. The proposed period of performance is from May 1, 2001 until April 30, 2004. While concentrating in detail on the first 12 months of this period, the technical proposal should address the entire 36 months of the proposed project.

The proposal must clearly articulate a vision of how the national communications campaign will be developed and implemented. It is important that contractors show how they will translate the research findings from Component 2 into a coherent national communications strategy requested in this Task Order in the subsequent time periods.

Each of the seven components should be addressed separately with a full discussion of the issues showing a detailed understanding of the requirements. Each section should address the

methodologies that will be used to accomplish the tasks. Where appropriate, collaborators or potential subcontractors shall be identified and described. In order to be considered within this proposal, potential collaborators or subcontractors should provide NIAID with a signed document indicating their intent to collaborate.

The technical proposal is not to exceed 25 pages. Fonts should not be smaller than 10 point.

b. Qualifications and Availability of Proposed Personnel and Management: (30 points total: HIV/AIDS and STD experience -10 points, Experience with diverse and hard to reach communities -10 points, Experience in health communication, evaluation design and methodology- 10 points) (demonstrated evidence of the qualifications, experience, and availability of professional and technical personnel comprising the necessary project staff)

A proposed staffing plan shall be discussed. This plan will include proposed staff and their roles, responsibilities, qualifications and experience in the field, management matrix, and methods for training and retention of staff.

Offerors are to provide a staffing plan to demonstrate an understanding of the labor requirements of the task order and a management plan that describes the contractor's approach to managing the work and subcontract management, if applicable. As part of the staffing and management plan, the contractor shall summarize the relevant experience and skills of each of the individuals proposed for the task order.

The summaries should not exceed a quarter page. The summaries should highlight experience with HIV/AIDS and STD issues, experience with diverse and hard to reach populations, experience in health communications, evaluation design and methodology. These summaries are in lieu of full-length resumes.

c. Past Performance: (30 points total: HIV/AIDS and STD experience –10 points, Experience with diverse communities -10 points, Experience in health communication, evaluation design and methodology- 10 points) (DAIDS is seeking to determine whether the offeror has consistently demonstrated a commitment to customer satisfaction and timely delivery of high quality products and services.)

Offerors shall submit a list and description of the last four public or private sector contracts completed during the past three years and all contracts currently in process that are similar in nature to this Statement of Work. Offerors shall be evaluated on 1) record of conforming to specifications and to standards of good workmanship; 2) adherence to contract schedules, including the administrative aspects of performance; 3) reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and 4) business-like concern for the interests of the customer.

Emphasis will be placed on similar HIV/AIDS media/communications campaigns and experience with reaching diverse and hard to reach communities on which the offeror has worked during the past three years. NIAID will contact the references provided in order to assess the offeror's past performance and the comparability of the previous experience with NIAID's stated requirements.

Cost Proposal

Offerors shall provide proposals on a cost reimbursement, level of effort basis for the proposed period of performance. While the proposal will address all three years, a detailed

proposal is required only for the first twelve months. Firms may choose to include less detail in the option years. There is no page limit for cost proposals.

For each Component, costs associated with proposed tasks and staffing levels of effort must be clearly articulated and justified. The proposed cost should relate directly to the contractor's vision of what is needed to achieve the Project Goal and Objectives. The contractor will be evaluated on the extent to which the costs and proposed deliverables are reasonable and consistent with the purpose and objectives of the task order.

In addition, the offeror are requested to complete the attached SAMPLE COST PROPOSAL by inserting the appropriate rates for your firm that will be used in your actual cost proposal. If a firm has a negotiated rate agreement, please include with your cost proposal.

The Government estimates the level of effort required to perform the resultant contract should appear as follows. These estimates are furnished for the offeror's information only and should not be considered restrictive for proposal purposes.

Type of Labor	Base Year	Option Year 1	Option Year 2
Management	2,000	2,000	2,000
Professional	7,947	13,700	13,700
Administrative	<u>2,000</u>	<u>2,000</u>	<u>2,000</u>
Total	11,947	17,700	17,700

Direct labor hours for the base year are constituted as estimated below and will be expended approximately as follows:

Component	Total Hours
Component 1	620
Component 2	2,320
Component 3	3,120
Component 4	1,324
Component 5	2,308
Component 6	1,457
Component 7	798
Base Year Total	11,947

(The above level of effort is based in a 2,080 hour work year)