

Hello Folks,

This message is being sent to all firms that indicated they had capability in Media and Crisis Communication Training. I will be your POC but since I will be on vacation next week please forward your proposals to Ms. Tiffany (ph - 301-402-3069), at the e-mail listed above. My supervisor is Mr. Ed Wilgus (ph - 301-402-3070), who will be responsible for these contracts in my absence.

Attached are the details for RFTOP# 12 - TITLE: Media Training for Osteoarthritis Press Conference

Thank you and good luck!

AMR

**INFORMATION AND COMMUNICATION SERVICES
NIH - TASK ORDER**

RFTOP# 12 - TITLE: Media Training for Osteoarthritis Press Conference

PART I - REQUEST FOR TASK ORDER PROPOSALS

A. POINT OF CONTACT NAME: Anthony Revenis

Phone- (301) 402-3073

Fax- (301) 435-6101

Proposal Address:

6011 Executive Blvd. Rm 529S

Rockville, MD 20892-7663

Billing Address:

Accounts Payable, OFM, NIH

Bldg 31, Room B1B39

Bethesda, MD 20892-2045

B. PROPOSED PERIOD OF PERFORMANCE: 4 hour session on NIH during week of July 9th

C. PRICING METHOD: Firm Fixed Price - Firm should provide a single price for the training session. If more than one trainer is optimum, provide a price for a single trainer and an alternate price for a proposed alternate.

D. PROPOSAL INSTRUCTIONS: Proposals should be submitted to me by e-mail. Please enter in the subject line the following text, "RFTOP#12 - Proposal." A signed

task order form (last page of the RFTOP) should also be faxed to me at 301-435-6101. Proposals should identify the proposed trainer and elaborate on why that person is the best choice for this type of training. The proposals should also describe the training session.

E. RESPONSE DUE DATE: Thursday July 5, 2001 at 4:00 PM.

F. TASK DESCRIPTION:

NIAMS would like to arrange a 1/2 day on-site media training session for approximately 6-8 participants (Program Directors and Public Information Office employees) in order to prepare for participation in a press conference on Osteoarthritis. This training would occur on the week of July 9 th.

G. EVALUATION FACTORS:

1. Evaluated qualifications of proposed trainer
2. Training method
3. Price:

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PART II - CONTRACTOR'S REPLY:

TO # _____ CONTRACT #263-01-D-0_____

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method: FFP

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE

CONTRACTOR: _____

Signature

Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED: _____

FAX #

Signature - Project Officer

Date

APPROVED: _____

FAX #

Signature - Contracting Officer

Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: _____

Signature -Anthony M. Revenis, J.D., NIH-ICS Coordinator

Date