

# INFORMATION AND COMMUNICATION SERVICES NIH - TASK ORDER

RFTOP# 15      TITLE: CSAT Communication Activities in Support of  
Opioid Addiction Treatment Information Campaign  
SAMHSA 270-01-7101

## **PART I – REQUEST FOR TASK ORDER PROPOSALS**

### **A. POINT OF CONTACT NAME: Lynn Tantardini**

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Proposal Address: (Courier)  
5515 Security Lane, Suite 640  
Rockville, MD 20852

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DCM, OPS, SAMHSA  
5600 Fishers Lane  
Rockwall II, Suite 640  
Rockville, MD 20857

**B. PROPOSED PERIOD OF PERFORMANCE:** Eighteen months from date of task order award.

**C. PRICING METHOD:** Cost Plus Fixed Fee, Incrementally funded

**D. PROPOSAL INSTRUCTIONS:** Proposals shall be submitted in hard copy to the proposal address above. The technical proposal should be submitted as original and 6 copies. The business proposal shall be submitted as an original and two copies. **IN ADDITION TO THE HARD COPY**, you are encouraged to submit an electronic copy of your proposal to ltantard@samhsa.gov. If you use e-mail, please enter, in the subject line, the following text, “270-01-7101 - Proposal”.

**E. RESPONSE DUE DATE:** Tuesday July 24, 2001 at 4:00PM EDT

**F. TASK DESCRIPTION:**

### **1. STATEMENT OF WORK**

#### **A. Background Information**

Opioid agonist treatment programs (OTPs) have been effective in reducing dependency upon heroin and other illicit drugs, helping those addicted become more productive citizens, enhancing public health and community safety by reducing the transmission of infectious diseases (e.g., HIV, hepatitis) and decreasing criminal activity.

Nonetheless, the methadone treatment system that was built in the 1970s has been consistently criticized as poorly run and under supported. Others complaints have been inspired by insistence on total abstinence from any agonist medications, or consternation about the multiple social, criminal, and psychological problems frequently manifested by persons who use illicit substances.

In recent years, funding for methadone treatment has eroded at the same time that heroin use has been increasing, particularly among young people who tend to snort the more potent forms now available in combination with crack and cocaine use. The AIDS epidemic among injection drug users has further strained the resources available for methadone treatment.

Faced with these challenges, the Substance Abuse and Mental Health Services Administration (SAMHSA), through the Center for Substance Abuse Treatment (CSAT), has undertaken parallel strategies to modernize the opioid addiction treatment system.

These efforts encompass, but are not limited to:

- 1) reforming the federal regulations governing the use of methadone and LAAM in OTPs;
- 2) development of treatment options so that the medical and health needs of well-stabilized methadone/LAAM patients who no longer need intensive psychosocial services can be addressed and met individual physicians in regular office settings; and
- 3) establishment of alternative treatment delivery models that incorporate new addiction treatment modalities and pharmacologic activities broadly acceptable to mainstream medicine as well as to potential patients (e.g., buprenorphine/naloxone).

As a SAMHSA component, CSAT was established to provide national leadership for the Federal effort to enhance treatment approaches and improve programs focusing on the treatment of drug abuse. Within CSAT, the Office of Communications and External Liaison (OCEL) has the responsibility for informing the public about CSAT's programmatic activities and services. The OCEL collaborates with other Public Health Service agencies, community organizations, and other private sector agencies to address the health issues precipitated by the problems associated with alcohol and other drug use/addiction.

Clearly, CSAT has both a vested interest and ongoing need in enhancing its capacity to disseminate information to the general public, the medical and scientific communities, and specialized audiences alike. To this end, CSAT has developed demonstration programs and other initiatives. This contract is designed to assist CSAT's professional communications team to create and develop numerous educational materials and information related to emerging addiction treatment modalities and pharmacologic activities. It is intended to foster the spread of accurate and timely information regarding these treatment activities. Accordingly, the contract has as its primary, but not exclusive, focus the wide dissemination of treatment and training information as each pertains to office based modalities.

The contract will allow CSAT to both educate and motivate target audiences to recognize that new options exist, and will continue to be developed, for treating opioid addiction.

The contract is designed to establish CSAT as the primary Federal government agency responsible for disseminating information regarding buprenorphine and other addiction treatment modalities and pharmacologic activities as they emerge.

#### B. Objectives

The principle objective of this agreement is the timely conduct of public affairs and communications activities that may be required to nationally roll-out the use of buprenorphine or other emerging addiction treatment modalities and pharmacologic activities in an office-based setting.

This outreach will act as an educational tool concerning the overall addiction problem as a national health epidemic, the need for treatment, the effectiveness of treatment and the expansion of medications being offered in an office-based setting once required training is completed. Training physicians is a response to the growing number of treatment slots needed to meet the demands of those in need, and to also combat the rising numbers of addicts in America.

The contract will provide assistance to the OCEL staff with CSAT's education and informational tasks designed to meet the Center's goal of fully acquainting physicians, health professionals and the public about addiction treatment modalities and pharmacologic activities as they emerge. This includes information dissemination regarding individual treatment modalities, once approved for office based use, and during such time as such approval is contemplated.

The Food and Drug Administration (FDA) is believed close to final approval of sublingual tablet forms of two new drugs for the treatment of opiate dependence, Buprenorphine (Subutex<sup>7</sup>) and Buprenorphine in combination with naloxone (Suboxone<sup>7</sup>). Buprenorphine is a particularly attractive treatment because, compared to other medications, such as methadone, it causes weaker opiate effects and is less likely to cause overdose problems. Buprenorphine also produces a lower level of physical dependence, so patients who discontinue the medication generally have fewer withdrawal symptoms than those who stop taking methadone. Because of these advantages, Buprenorphine has the potential for expanding the spectrum of treatment options available by allowing more physicians to administer the drug in their offices.

As *ASAM News* recently pointed out, "Training and certification will be key requirements for the use of Buprenorphine alone...and in combination with naloxone..."<sup>@</sup> The Center for Substance Abuse Treatment (CSAT) is committed to expanding the pool of physicians providing such treatment by encouraging physicians to undertake the necessary training. CSAT, in cooperation with professional medical organizations, will offer such training throughout the country. To that end, CSAT has identified 15 target states in which training will be made available shortly after FDA's approval of Buprenorphine.

CSAT=s Office of Communications and External Liaison (OCEL) will employ a number of communications strategies to publicize the availability of buprenorphine and other office-based means of treating opioid addiction as they are identified and approved; encourage physicians to undertake training and become certified in administering this medication, and to inform CSAT=s constituency groups, specialized audiences, and the general public about these new treatment.

### **Communications Objectives**

To inform physicians about the availability of Buprenorphine or other emerging addiction treatment modalities and pharmacologic activities and urge them to participate in the training offered in their locales.

To position CSAT as the lead federal agency marketing this new pharmacotherapy training.

To inform CSAT=s constituency groups about the availability of the medication and enlist their support in disseminating information about it to their members and the broader community.

To inform opiate users, their families and friends and the general public about emerging addiction treatment modalities and pharmacologic activities and to help destigmatize substance abuse treatment and recovery.

### **Audiences**

#### **Physicians**

Primary care (Office-Based, General Practice)

Sports Medicine

Internal Medicine (Adolescents, Internal, Infectious, Pediatrics, Sports)

Neurology

Pediatrics (Adolescent Medicine, IM Pediatrics, Infectious Diseases, Sports)

Physical and Rehabilitation Medicine

Psychiatry (All categories)

Addiction Medicine/Addiction Physicians

Clinical Pharmacology

Pain Management

Pharmaceutical Medicine

Teaching Institutions, Residents/Residency Programs, Family Practice

#### **Constituents/Stakeholders**

Providers of intervention and treatment services to high-risk individuals

Drug abuse prevention and education officials

Social services providers

State or local criminal justice agencies

Service providers for the homeless

Providers of integrated treatment for the mentally ill with co-occurring substance abuse

Community anti-drug coalitions  
Selected TCE, HIV, and Community Action grantees

Individuals Abusing Opiates

Individuals who themselves are addicted to or using opiates  
Families and friends of those who are addicted to or using opiates

General Public

**Communication Strategy**

OCEL=s strategy is to implement a program to reach physicians in high-index opioid-use areas where training is available through a variety of communications vehicles. CSAT will deliver the message that Buprenorphine, a new, effective medication for the treatment of opioid dependence, is available and can be dispensed in a wider variety of treatment settings than currently available by physicians who undergo training required for certification. Similar messages will be developed and information disseminated, pursuant to this contract as needed, regarding other emerging addiction treatment modalities and pharmacologic activities.

CSAT will also deliver messages about these addiction treatment modalities and pharmacologic activities to the treatment provider and stakeholder community, to those who are addicted to or using opiates, their family and friends, and to the general public.

**Timing**

There is no date certain for FDA approval of office-based use of buprenorphine. For that reason, planning is fluid and the timetable is predicated on weeks after approval rather than a specific date. But no matter when it is approved, it will receive priority attention by CSAT and the Center will want to move as quickly as possible to inform the medical community, treatment providers, those addicted, and the public about Buprenorphine=s availability. Therefore, many activities will be conducted concurrently.

**Communications Tactics: Phase One Activities**

OCEL plans to support the introduction of Buprenorphine clinical practice guidelines and the conduct of training sessions with a comprehensive, multi-media campaign designed to generate and sustain national interest in the new drug therapy. OCEL will employ a phased approach to encourage physicians to become trained and certified in administering Buprenorphine. At the same time, constituent groups, addicted persons, their friends and families, and the general public will be informed about the availability and advantages of the new drug therapy.

The first phase of communications outreach will begin with a kick-off event, in the form of a national press conference held in Washington, D.C. at the National Press Club as soon as possible after Buprenorphine has been approved. Press conference outreach will be

supplemented through a live Web simulcast of the event and through morning and evening drive-time radio media tours.

Advertisements about the availability of Buprenorphine training, the dates for the training and how physicians can register in various locations around the country will also be placed in a variety of professional journals/newsletters such as *the Journal of the American Medical Association*, *AMA News*, *American Family Physician*, *Annals of Internal Medicine*, *the Journal of the American Osteopathic Association* and *The DO* (the aforementioned list is illustrative, not inclusive). The ads will run in concert with the physician direct mail outreach in the form of targeted mailings from the Director of CSAT to AMA-member physicians explaining the advantages and availability of the new therapy and inviting them to participate in training sessions.

A second invitation will be extended to physicians for training through insertion of a training session announcement in pre-registration materials for up to 12 professional conferences/meetings that agree to co-host such a session. Notice of those conference sessions will be advertised in the same professional journals as separate advertisements.

OCEL also will aggressively use earned media opportunities by placing articles, op-eds, letters to the editor, and conducting interviews in many professional publications that have expressed an interest in covering the subject. Such publications as *Postgraduate Medicine*, *the American Journal on Addictions*, *ASAM News*, *Newsletters of the American Osteopathic Health Care Association* and *the American Osteopathic Association*, *Psychiatric News*, *the American Methadone Treatment Association's News Report*, *the Society of General Internal Medicine's SGIM Forum*, *Annals of Internal Medicine*, and *the American Academy of Family Physicians' FP Report*, *Monitors on Psychology*, among others, are interested in the subject and are likely to cover it. A variety of trade publications have also expressed interest.

Web-based information dissemination efforts will complement paid advertising, earned media, and editorial outreach efforts. As previously mentioned, the kick-off press conference will be simulcast on the Web. The reach and capabilities of the Internet will also be cultivated and utilized by posting information on Buprenorphine or other emerging addiction treatment modalities and pharmacologic activities on CSAT's home page and by hyperlinking to other addiction treatment and organizational Web pages.

To be sure, the availability and usage of addiction treatment modalities other than buprenorphine are certain to increase. Likewise, new opiate addiction treatment options (including office-based modalities and others) are expected to emerge on an ongoing basis. Accordingly, as this occurs, the public affairs activities for which this contract provides will also be undertaken and completed as necessary and as they pertain to discrete addiction treatment options and activities.

### C. Specific Requirements

The Contractor, independently and not as an agency of the Government, shall furnish all the necessary labor, services, qualified personnel, materials, equipment, and facilities, except as otherwise specified by the Government under the terms of this contract, as needed to perform the work set forth below.

All work under this contract shall be monitored by the CSAT Project Officer (PO). The following are the detailed task requirements for this contract:

**TASK 1: Performance Plan**

Within fifteen (15) working days of the effective date of the contract, the contractor shall submit a draft plan which provides an outline of education/information products to be developed under the contract, a public service announcement (PSA) campaign outline, and a proposed time frame for accomplishing the objectives of the contract.

This draft will be reviewed and discussed with the Government Project Officer (and CSAT Contracting Officials, as needed) and a final plan submitted within thirty (30) working days of the effective date of the contract.

**TASK 2: Phase One: Communications Tasks**

A successful launch of the Buprenorphine initiative will involve collaboration among OCEL and its supporting contractors to complete the following tasks in a timely manner:

- § Kick-off national press conference
- § Paid advertising in professional journals/newsletters
- § Articles, interviews, letters to the editor and op-eds in professional and mass media publications
- § Direct mail to targeted physicians
- § Conference-based training sessions offered at up to 12 professional meetings
- § Web-based information development, including technical preparation, coding, formatting, and dissemination

It will be vital to maintain the momentum of the Phase One communications activities in support of the introduction of emerging addiction treatment modalities and pharmacologic activities. As these activities pertain to buprenorphine, the contract shall conduct and coordinate public affairs activities focused upon CSAT's target audiences. These activities will include executing a national roll-out program that focuses on supporting physician training in 15 states and territories with high usage indices and where physician training will be available. Those states/territories are as follows:

Washington, DC (kickoff)	Texas	Massachusetts
Baltimore, Maryland	Portland, Oregon	Philadelphia, Pennsylvania
Seattle, Washington	Illinois	Louisiana

New York/New Jersey  
Florida

California  
Minnesota

Delaware  
Puerto Rico

It is anticipated that press conferences will be held in 14 of the 15 states (the New York and New Jersey press conferences will be combined) to highlight Buprenorphine and call attention to the new therapy. As with the kick-off press conference in DC, these regional and state-level conferences will serve multiple communications purposes: 1) direct physician attention toward the availability of training and the importance of participating in it; 2) reinforce paid advertising in professional journals and publications; 3) support direct mail and Web-based information provision activities; and 4) act as platforms for editorial outreach efforts.

In addition to the above 15 state training sessions, CSAT anticipates providing Buprenorphine training at an additional 10-12 professional conferences/meetings as part of its overall program offerings. These training sessions will be cosponsored by the host organization and CSAT. Notices for these training sessions are to be included in the conference pre-registration materials and will be available as handouts for on-site registrants at each meeting. Listings of these training sessions will be included as separate paid advertisements placed in the same six professional journals. Press conferences may be held in conjunction with certain of these conferences/meetings.

Paid advertising will continue in professional journals throughout the length of the roll-out. In some cases, it may prove optimal to key direct mail activities to paid advertising in order to maximize outcomes. For example, if a mailing is planned to psychiatrists, the mailing's effectiveness would be increased if it arrived just following the appearance of an ad in *Psychiatric News*.

Mailings to physicians will continue throughout the course of the initiative. The plan calls for mailings to the 11 specialties/sub-specialties identified by CSAT as being of prime importance. In addition, mailings may also be directed to teaching institutions, residents and/or residency programs, and those engaged in family practice.

OCEL's editorial outreach to professional and trade publications and the mass media will continue throughout Phase Two of the program resulting in additional placements. It is recommended that, where possible, outreach be coordinated so as to enhance awareness and effect of individual press conferences. In this manner activities such as publication of an op-ed will extend the influence of the press conference and keep the subject in the news.

Similarly, Web-based information will be an important adjunct and complementary to other educational activities. Again, it is expected that new opportunities for outreach will present themselves, ranging from organizational hyperlinks to on-line interviews and chat room discussions.

The contractor shall be responsible for providing to OCEL such technical assistance as may be necessary in order to timely prepare and post information regarding buprenorphine or other emerging addiction treatment modalities and pharmacologic activities on individual Web sites

**TASK 3: Phase Two: Communications Tasks**

OCEL and its supporting contractors will complete the following tasks in a timely manner:

- § 14 state/regional press conferences
- § Continuation of paid advertising in professional journals/newsletters
- § Direct mailings to no less than 11 physician, and no more than 20, speciality/sub-specialty groups and teaching institutions, residents/residency programs, and family practices
- § Aggressive editorial outreach to professional, trade, and mass media outlets
- § Web-based information development and outreach
- § Continue conference-based training sessions

Up to 14 press conferences will be held in major cities within the 15 states/territories previously identified. This contract will work closely with OCEL, educational institutions and other sponsoring organizations to provide comprehensive support to the program. This work will entail, but not be limited to, locating a suitable venue for the press conference, renting necessary equipment, assuring delivery of materials to the event site, managing the logistical needs, and staffing the press conference.

Media advisory, press release and supplemental media materials (e.g., fact sheets, biographies, and speaker remarks) will be developed by CSAT with support from this contract, as needed.

The contractor will develop a media list and blast fax the media advisory and/or press release to the approved media outlets using PR Newswire. The contractor will duplicate all media materials and package the media kits for distribution at individual press conference or associated events.

The venue and all equipment necessary to support the conference, such as mult box, microphone, wireless microphone, audio mixer, as well as necessary signage, name tents, badges, tables, easels, sign-in sheets, and other similar materials required, will be arranged by this contract. Where cost-effective and practicable, the necessary equipment should be rented or leased, rather than purchased.

The contractor will manage all logistical needs of conference participants based on CSAT's direction. The contractor will provide on-site staff support for each press conference.

The contractor will provide media monitoring and tracking reports and resulting video and audio tapes and print clippings based on CSAT's interest/approval. The contractor will also provide for all media pitching and solicitation appropriate or necessary for the conduct of public affairs

related work related to buprenorphine, and other addiction treatment modalities and pharmacologic activities.

**All costs related to the conference training sessions will be covered under separate funding by CSAT.**

*Paid Advertising in Targeted Medical Journals*

To complement other marketing efforts during Phase One and Phase Two of this plan, advertisements will be placed in individual medical journals per training session offered in the 15 states identified by CSAT. CSAT will identify the journals of particular importance for ad placement and consult and notify contract staff at least one month prior to the deadline insertion dates for the respective publications.

The contractor will provide an electronic version of the black and white ad template as a 2 page vertical with approved copy to this contract for 15 state training sessions. The contractor will provide a second electronic version of the black and white ad template as a 2 page vertical with approved copy to this contract.

The contractor will convert all templates to a printer-quality electronic format and edit the ad copy and template to scale based on the display specifications of each publication and forward the ad to the respective journals/newsletters in the required format for insertion. The contractor will submit payment for the ad placements based on the terms of payment or pre-payment required by the journals/newsletters.

Costs should be based on 2 page black and white vertical insertion rates of the following six journals/newsletters: The Journal of the American Medical Association, AMA News, American Family Physician, Annals of Internal Medicine, the Journal of the American Osteopathic Association and The DO.

OCEL will provide the approved copy of the brochure for the mailings by AMA. This contract will design a 6-panel, 4" x 9", two-color brochure for this copy and prepare the mechanical files for printing by GPO. Once the brochure is printed, This contract will utilize the AMA membership lists for mailings to approximately 130,000 physicians in the specialties identified previously. The copy for the brochure will be modified for each mailing to reflect the latest schedule of upcoming training sessions. This contract will facilitate a total of four mailings announcing the training sessions over both phases of the roll-out. This assumes there will be a direct mail sent out every fourth press conference for a total of four mailings over the course of the roll-out.

In addition to four direct mailings being sent to the AMA-member physicians, conference mailings will be sent out to potential attendees for up to 12 professional conferences/meetings. As part of the pre-registration materials, a two-color, 4.25" x 11", two-sided pocket flyer will be

inserted in the packets. This pocket flyer will also serve as a handout on the registration table at each event to alert on-site registrants of the possibility to participate in the training session while at the conference/meeting.

This contract will design a generic pocket flyer announcing the availability of a Buprenorphine training session at the conference/meeting the participant will be attending. For further information and to register, the participant should contact the conference/meeting registration staff. Once OCEL approves the final design and copy for the pocket flyer, this contract will prepare the mechanical files and deliver them to CSAT for printing by GPO. Once printed, contract staff will facilitate the delivery of the inserts to conference registration contractors who have agreed to include them in their pre-registration packets.

OCEL will use the capabilities of the Internet to inform physicians, providers, and the public about the new Buprenorphine therapy and additional addiction treatment modalities and pharmacologic activities and they emerge. To do this, OCEL will to the extent possible seek necessary revisions to its home page and work with partnering organizations to hyperlink to their pages and be hyperlinked in turn. The contractor will work with NCADI to extend the reach of the kick-off press conference by arranging Web-casting by NCADI. In this way, efforts will be made to secure the broadest possible audience for the introduction. This contract will be responsible for any costs associated with the web-cast, to include list-serv distribution to promote any events.

Costs for these activities, including long distance travel incurred or required, are borne by this contract.

**TASK 4: Reporting Requirements**

The following reports shall be submitted during the course of the contract.

- a. Monthly Status Report - Two copies of a brief monthly status report due 10 calendar days after the end of each month. One copy shall be submitted to the Task Order Officer and one copy to the Contracting Officer. This report shall include a quantitative and qualitative description of overall progress, problems encountered and how they were (or will be) resolved, and a description of activities planned for the next reporting period. Report should mirror the Monthly Budget and Labor Summaries report expended for the same month. The report should be at least two pages.
- b. Draft and Final Report - Two copies (one for the Task Order Officer and one for the Contracting Officer) of the final report is due on or before contract expiration date. A draft of the final report shall be submitted to the Task Order Officer 30 days before submission of the final document for the Task Order Officer's review and approval. The Task Order Officer will review the final report in 10 working days and return it to the contractor. The Contractor has 20 working days to revise it. This report shall include:

A summary of all work performed. Recommendations and conclusions based on the experience and results obtained.

- c. Data files, disks, tapes, art work, etc. - The Contractor shall deliver to the Task Order Officer, on or before the expiration date of the contract, all data files, original art work, disks, tapes, and material produced as part of this contract.
- d. Monthly Budget and Labor Summaries - Two copies of this report shall be submitted (one copy to the Task Order Officer and one copy to the Contracting Officer) no later than 30 calendar days following the end of each month. The last report shall be submitted on the last contract day. This report shall contain the following information:

A listing of work completed to date, status (active, complete, closed), total direct labor hours' authorized, total direct labor hours expended, and total direct labor hours not expended. Budget should show breakout of tasks, labor, products, and outside costs to include payments to subcontractors.

2. **DELIVERY SCHEDULE**

The Contractor shall deliver the following items in accordance with the delivery schedule.

**Table of Deliverables**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>SCHEDULE</b>
Draft performance plan (Task 1)	2 copies to PO	Within 15 working days of effective Date of task order (EDOTO)
Final performance plan (Task 1)	2 copies to PO	Within 30 working days of EDOTO
Draft description for planning and management of Kick-off Natl Press Conference	2 copies to PO	TBD
Paid advertising in professional journals planning document	2 copies to PO	TBD
Draft Plan for Direct Mail to Physicians	2 to PO	TBD
Draft Plan for Web Development	2 to PO	TBD
Monthly Status Report	1 to PO; 1 to CO	Within 10 calendar days after the end of each month
Budget and Labor Summaries	1 to PO; 1 to CO	Thirty (30) days following the end of each month
Draft Final Report	1 to PO	Thirty (30) days prior to contract expiration date
Final Report	1 to PO; 1 to CO	On or before contract expiration date
Data files, disks, tapes, art work, etc.	1 to PO	On or before contract expiration date

***Phase Two***

**Table of Deliverables**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>SCHEDULE</b>
Descriptive document re: Logistics and Management of 14 Regional and State press conferences	2 to PO	TBD
Draft Physician Training brochure	2 to PO	TBD

Report of plans to augment CSAT/OCEL outreach to professional journals, physician publications, and specialized media.	2 to PO	TBD
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In addition to those deliverables referenced above and applicable to the Statement of Work, the Contractor shall submit the following items in accordance with the stated delivery schedule:

The referenced items shall be addressed and delivered to:

Addressee

Stephen LeBlanc, Project Officer  
Center for Substance Abuse Treatment  
5600 Fishers Lane, Rockwall II Building, Room **618**  
Rockville, MD 20857

Division of Contracts Management, OPS  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Rockwall II Bldg, Suite 640  
Rockville, MD 20857

Hand delivered items to SAMHSA/OPS are addressed to the same building and room numbers, but must be delivered to the following street address:

5515 Security Lane  
Rockville, MD 20852

### 3. PROPOSAL PREPARATION INSTRUCTIONS

#### a. INTRODUCTION

The following instructions will establish the acceptable minimum requirements for the format and contents of proposals. The Government requires a minimum acceptance period of 150 days. Special attention is directed to the requirements for technical and business proposals to be submitted in accordance with these instructions.

(1) Contract Type and General Clauses

It is contemplated that a cost-reimbursement plus Fixed Fee [completion] type contract, with options, will be awarded.

(2) Authorized Official and Submission of Proposal

The proposal must be signed by an official authorized to bind your organization and must stipulate that it is predicated upon all the terms and conditions of this RFP.

(3) Separation of Technical and Business Proposals

The proposal must be prepared in two parts: a "Technical Proposal" and a "Business Proposal." Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other. **The technical proposal shall not reference cost; however resource information, such as data concerning estimated number of labor-hours and categories, materials, subcontracts, including number of hours and labor mix, travel, etc., shall be contained in the technical proposal so that the offeror's understanding of the Statement of Work may be evaluated.** However, the technical proposal should not include pricing data relating to individual salary information, indirect cost rates or amounts, fee amounts (if any), and total costs. The technical proposal must describe your technical approach in as much detail as possible, and include, but not be limited to the requirements of the technical proposal instructions.

(4) Confidentiality of Proposals

The proposal submitted in response to this request for proposals may contain data (trade secrets; business data, e.g., commercial information, financial information, and cost and pricing data; and technical data) which the offeror, including its prospective subcontractor(s), does not want used or disclosed for any purpose other than for evaluation of the proposal. The use and disclosure of any data may be so restricted; provided, that the Government determines that the data is not required to be disclosed under the Freedom of Information Act, 5 U.S.C. 552, as amended, and the offeror marks the cover sheet of the proposal

with the following legend, specifying the particular portions of the proposal which are to be restricted in accordance with the conditions of the legend. The Government's determination to withhold or disclose a record will be based upon the particular circumstances involving the record in question and whether the record may be exempted from disclosure under the Freedom of Information Act:

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

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

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

The offeror also agrees that the Government is not liable for disclosure or use of unmarked data and may use or disclose the data for any purpose, including the release of the information pursuant to requests under the Act.

The data subject to this restriction are contained in pages (insert page numbers, paragraph designations, etc. or other identification)

In addition, the offeror should mark each page of data it wishes to restrict with the following legend:

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

(5) Evaluation of Proposals

The Government will evaluate technical proposals in accordance with the criteria set forth in this RFP.



(6) Selection of Offerors

- a) The acceptability of the technical portion of each contract proposal will be evaluated by the technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques.
- b) The business portion of each contract proposal will be subjected to a cost and price analysis, cost realism, and management analysis, etc.
- c) The Contracting Officer will, in concert with program staff, decide which proposals are in the competitive range. Oral or written discussions are not anticipated, however, discussions may be conducted with all offerors in the competitive range. The Government intends to award this solicitation without discussions. Offerors are advised to present their best terms with their initial proposal. However, in accordance with the Technical Proposal Instructions, the Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. All aspects of the proposals are subject to discussions, including cost, technical approach, and contractual terms and conditions. Final Proposal Revisions (FPRs) will be requested with the reservation of the right to conduct limited negotiations after FPRs. (Note: The Final Proposal Revision (FPR) replaces the Best and Final Offer (BAFO) effective January 1, 1998.)
- d) Cost Realism Analysis. In all competitive, cost reimbursement contracts a final cost-realism analysis will be performed taking into consideration the results of the technical evaluation, cost analysis, and ability to complete the work within the Government's required schedule. The Government reserves the right to make an award to the best advantage of the Government, technical merit, cost, and other factors considered.
- e) SAMHSA reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, the RFP may be amended or canceled as necessary to meet SAMHSA requirements.

b. TECHNICAL PROPOSAL INSTRUCTIONS

The offeror should provide a comprehensive work plan for each objective, which includes the proposed staffing plan to meet overall task requirements. Your technical approach should be in as much detail as you consider necessary to fully explain your proposed technical approach or method. The technical proposal should reflect a clear understanding of the nature of the work being undertaken. The technical proposal must include

information on how the project is to be organized, staffed, and managed. Information should be provided which will demonstrate your understanding and management of important events or tasks. Your proposal should not exceed 75 pages and font size should not be smaller than ten (10) point, exclusive of references, resumes, organizational charts, and copies of questionnaires, etc. References, resumes, organizational charts and copies of questionnaire, etc may be provided in an Appendices which should not exceed 50 pages. Resumes should not exceed 2 pages in length.

- (1) The offeror must submit a detailed proposal which includes the following:
  - A. A technical approach for accomplishing all of the tasks described in the SOW;
  - B. A proposed staffing plan including resumes for all key personnel (project director and other senior staff) and justification for staff assignments. Binding letters of commitment shall also be included.
  - C. A work plan including a schedule for completion of all contract tasks, and a person loading chart showing the assignment of project staff to tasks and the hours per person devoted to each task.
  - D. A management plan describing how tasks will be managed and coordinated including use of subcontracts and consultants, and a discussion of quality control procedures. If subcontractors are proposed, the offeror must describe the methods which the offeror will use to monitor subcontractor performance of project tasks; and
  - E. A description of the offeror's facilities, equipment, etc., to be used in accomplishing contract tasks.

(2) Technical Discussions

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

a) Statement of Work

(1) Objectives

State the overall objectives and the specific accomplishments you hope to achieve. Indicate the rationale for your plan, and relation to comparable work in progress elsewhere. Review pertinent work already published which is relevant to this project and your

proposed approach. This should support the scope of the project as you perceive it.

(2) Approach

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

(3) Methods

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

(4) Schedule

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

b) Personnel

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

**OFFERORS SHOULD ASSURE THAT THE PROJECT DIRECTOR,  
AND ALL OTHER PERSONNEL PROPOSED, SHALL NOT BE**

**COMMITTED ON FEDERAL GRANTS AND CONTRACTS FOR MORE THAN A TOTAL OF 100% OF THEIR TIME. IF THE SITUATION ARISES WHERE IT IS DETERMINED THAT A PROPOSED EMPLOYEE IS COMMITTED FOR MORE THAN 100% OF HIS OR HER TIME, THE GOVERNMENT WILL REQUIRE ACTION ON THE PART OF THE OFFEROR TO CORRECT THE TIME COMMITMENT.**

(1) Project Director

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

(2) Other Professionals

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

(3) Additional Personnel

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

-The specific items or expertise they will provide.

-Their availability to the project and the amount of time anticipated.

-Willingness to act as a consultant.

-How rights to publications and patents will be handled.

(4) Resumes

Resumes of all key personnel are required. Each must indicate educational background, recent experience, specific or technical accomplishments, and a listing of relevant publications. Resumes shall be limited to TWO (2) pages each. Any pages after two (on each resume) will not be evaluated.

(3) Technical Evaluation

Proposals will be technically evaluated in accordance with the factors and weights as described in the Technical Evaluation Criteria.

(4) Additional Technical Proposal Information

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

(5) Other Considerations

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

- a) Unique arrangements, equipment, etc., which none or very few organizations are likely to have which is advantageous for effective implementation of this project.

- b) Equipment and unusual operating procedures established to protect personnel from hazards associated with this project.
- c) Other factors you feel are important and support your proposed project.
- d) Recommendations for changing reporting requirements if such changes would be more compatible with the offeror's proposed schedules.

c. BUSINESS PROPOSAL INSTRUCTIONS

(1) General

The offeror shall submit as part of its proposal a separate enclosure entitled “Business Management and Cost/Price Proposal.” One business proposal with original signature plus the number of copies requested in the RFP cover letter shall be submitted.

**SPECIAL NOTE: PLEASE PROVIDE BUDGETS AS FOLLOWS: A 12-MONTH BUDGET FOR EACH YEAR OF THE CONTRACT, AND A CUMULATIVE BUDGET. IT IS ANTICIPATED THAT A COST PLUS FIXED FEE TYPE CONTRACT WILL BE AWARDED. IN ADDITION, PLEASE PROVIDE WITH YOUR PROPOSAL, A DISKETTE CONTAINING A WORD PERFECT (6.1) FILE CONTAINING NARRATIVE SUPPORTING EACH BUDGET LINE ITEM AND A LOTUS (Release 5) FILE CONTAINING THE BUDGET SPREADSHEETS.**

a) As appropriate, cost breakdowns shall be provided for the following cost elements:

(1) Direct Labor

The estimated cost for all personnel who will be assigned for direct work on this project shall be included. **Give the name, title, percent of effort or time, salary, for each employee.**

Provide a time-phased (e.g., monthly, quarterly, etc.) breakdown of labor hours, rates, and cost by appropriate category. Key personnel will be separately estimated as above and identified. Give the basis for the estimates in each case.

Salary increases that are anticipated during performance of a resultant contract should be proposed as a cost. **If escalation is included, state the degree (percent) and methodology, e.g., annual flat rate applied to a base rate as of a specific date or a mid-pointed rate for the period of performance.** State whether any additional direct labor (new hires) will be required during the performance period of this procurement. If so, state the number required and anticipated date of hire. Also, specify the month and day on which your fiscal year commences, and the number of hours in your organization’s work year.

- (2) Supplies and Equipment  
Include description, unit price, quantity, total price, justification for purchasing or leasing items and the basis for pricing (vendor quotes, invoice prices, etc.).
- (3) Travel  
The amount proposed for travel shall be supported with a breakdown which includes purpose, destination, duration, and estimated cost (transportation and per diem) for each proposed trip. If travel costs are proposed on the basis of your organization's established travel policy, a copy of the policy must be provided.
- (4) Consultants  
This element should include names(s) of consultant, number of days, and daily rate. **The method of obtaining each consultant, either sole source or competitive, and the degree of competition or the rationale for sole source shall be explained. Commitment letters should be provided for each named consultant.**
- (5) Subcontract  
If subcontractors are proposed, please include a commitment letter from the subcontractor detailing:
- a) Willingness to perform as a subcontractor for specific duties (list duties).
  - b) What priority the work will be given and how it will relate to other work.
  - c) The amount of time and facilities available to this project.
  - d) Information on their cognizant field audit offices.
  - e) How rights to publications and patents are to be handled.
  - f) A complete cost proposal in the same format as the offeror's cost proposal.
  - g) For each subcontract over \$500,000, the support should provide a listing by source, item, quantity, price, type of subcontract, degree of competition, and basis for establishing source and reasonableness of price, as well as the result of review and evaluation of subcontract proposals when required by FAR 15.806.

(6) Other Direct Costs

Any proposed other direct costs shall be supported with breakdown outlining the separate costs proposed and details supporting the formulation of the costs proposed. A signed agreement between the offeror and any personnel other than direct employees that includes dates of employment, salary, and specific tasks to be performed should be included.

(7) Indirect Costs

Indicate how you have computed and applied indirect costs, and provide a basis for evaluating the reasonableness of the proposed rates. Where a rate agreement exists, provide a copy.

(8) Other Costs

List all other costs not otherwise included in the categories described above (e.g., computer services, consultant services) and provide basis for pricing.

- c) There is a clear distinction between submitting cost or pricing data and merely making available books, records, and other documents without identification. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the offeror have been submitted, either actually or by specific identification, to the Contracting Officer or an authorized representative. As later information comes into the offeror's possession, it should be promptly submitted to the Contracting Officer. The requirement for submission of cost or pricing data continues up to the time of final agreement on price.
- d) By submitting a proposal, an offeror, if selected for negotiation, grants the Contracting Officer or an authorized representative the right to examine those books, records, documents, and other supporting data that will permit adequate evaluation of the proposed price. This right may be exercised at any time before award.
- e) If required by the Contracting Officer, after final agreement on price, but before the award resulting from the proposal, the offeror shall, under the conditions stated in FAR 15.804-4, submit a Certificate of Current Cost or Pricing Data.

(2) Royalties

The offeror shall furnish information concerning royalties which are anticipated to be paid in connection with performance of work under the proposed contract.

(3) Financial Capacity

The offeror shall indicate if it has the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source.

(4) Incremental Funding

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

Sufficient funds are not presently available to cover the total cost of the complete multiple year project described in this solicitation. However, it is the Government's intention to negotiate and award a contract using the incremental funding concepts described in the clause entitled "Limitation of Funds." Under that clause, which will be included in the resultant contract, initial funds will be obligated under the contract to cover an initial period of performance. Additional funds are intended to be allotted from time to time, to the contract by contract modification, up to and including the full estimated cost of the contract, to accomplish the entire project. While it is the Government's intention to progressively fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the Contractor for costs incurred in excess of the periodic allotments, nor will the Contractor be obligated to perform in excess of the amount allotted.

The "Limitation of Funds" clause to be included in the resultant contract shall supersede the "Limitation of Cost" clause found in the General Clauses.

(5) Subcontractors

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

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

#### 4. EVALUATION FACTORS

##### 1. GENERAL

- A The technical proposal will receive paramount consideration in the selection of the Contractor(s) for this acquisition. In the event that the technical evaluation reveals that two or more offerors are approximately equal, then cost may become a significant factor in determining award. In any event, the Government reserves the right to make an award that is most advantageous to the Government, cost and other factors considered.

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

- B. The Government intends to evaluate proposals and award a contract without Discussions. Therefore, each initial offer should contain the offeror's best terms from a cost or price and technical standpoint. However, the Government reserves the right to conduct discussions/negotiations if it is determined to be necessary.
- C. The Contracting Officer/Specialist will, in concert with program staff, decide which proposals are in the competitive range. The Government reserves the right to include only those offers who have a good chance of award.
- D. All proposals will be reviewed in accordance with the governing regulations and SAMHSA policies and procedures. Each proposal will be evaluated on the likelihood of meeting the Government's requirements. The evaluation will be based on the technical and administrative capabilities in relation to the needs of the program and each task and the reasonableness of costs shown in relation to the work to be performed. The evaluation factors contained in this solicitation are those that will be applied in the evaluation of each technical proposal including the assigned weight given to each factor.

**2. EVALUATION CRITERIA**

**ASSIGNED WEIGHT**

Your proposal will be evaluated on the likelihood of meeting the Government's objectives. The evaluation will be based on the technical and administrative capabilities in relation to the needs of the project/or task and the reasonableness of costs shown in relation to the work to be performed. The following criteria are those that will be applied in the evaluation of your technical proposal. The assigned weight of each factor is shown below.

Technical Evaluation Criteria  
CSAT Communications Activities in Support of Opioid Addiction Treatment Information  
Campaign

Evaluation Criteria

Weight

- 1. Technical competence to produce effective public information/education/communication campaigns.** 30 points

Examples outlining public education/information/ communication campaigns should be included within submitted proposals. Sample materials shall be included with the proposal, may include publications, manuals, posters, newsletters, giveaway items, pamphlets and other related items. Proposals must demonstrate a history of producing information and education material, research results, developing quality public service campaigns and providing logistical services for major meetings. Proposals will be judged on completeness, editorial clarity and correctness, as well as effectiveness and coordination of planned message.

Particular and additional weight will be given to evidence of having successfully conducted effective campaigns which deal with substance abuse and addiction subjects, and or health science themes. Proposals should address an offeror=s success in presenting and disseminating information (as part of national communications effort), through national and local media and target groups. Proposal should also trace an offeror=s ability and successfully make use of alternative means of information dissemination when established channels are not available.

- 2. Understanding of the problem and need.** 30 points

Proposals should provide a comprehensive statement of the problem, scope and purpose of the project to demonstrate a clear awareness of opiate addiction and other drug use and abuse in America. In addition, the proposal should provide an understanding of alcohol and drug abuse treatment issues and barriers regarding treatment.

- 3. Soundness of outreach approach.** 20 points

Proposals must delineate the approach to comply with each of the outreach tasks specified in the Statement of Work. The proposal must be fully consistent with the stated goals and objectives. The description of approach must address the offeror=s ability and experience in successfully presenting, as part of a comprehensive health communications campaign, the full range of issues associated with emerging public health issues, new treatment, or pharmacologic activities.

- 4. Staff Capabilities (Including Consultants).** 20 points

Proposals should demonstrate that the personnel assigned shall possess qualifications, expertise, and experience necessary to plan and implement all tasks. Resumes of proposed staff and letters of commitment for proposed consultants must be included in the proposal. Key staff and consultants must demonstrate expertise in addiction related health fields, addiction treatment, providing logistical support, and especially working with media to schedule press conferences,

events, and briefings, as well as ability to write press advisories and press releases. Proposals should describe at length staff experience in developing and carrying out the communication campaigns and public liaison activities of a Federal health service or health science research agency, public advocacy organization, or similar entity.

PROPOSAL INTENT RESPONSE SHEET

**\*\* Offerors are requested to complete this form and fax it to 301/594-0535 if they intend to submit an offer in response to this solicitation. This form should be submitted not later than July 20, 2001. \*\***

Title: CSAT Communications **Activities in Support of Opioid Addiction Treatment Information Campaign SAMHSA 270-01-7101**

PLEASE REVIEW THE ATTACHED REQUEST FOR PROPOSAL. FURNISH THE INFORMATION REQUESTED BELOW AND RETURN THIS PAGE BY THE EARLIEST PRACTICABLE DATE, BUT NOT LATER THAN **July 20, 2001**

=====

DO INTEND TO SUBMIT A PROPOSAL

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

COMPANY/INSTITUTION NAME:

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE:

TYPED NAME AND TITLE:

DATE:

RETURN TO:

Substance Abuse and Mental Health Services Administration

Division of Contract Management

**Attention: Lynn Tantardini**

Rockwall II Bldg., Suite 640

5600 Fishers Lane

Rockville, MD 20857

FAX TO: 301-594-0535 (If faxing, please call (301) 443-1150 to ensure that fax is received.)

RFTOP# 15 TITLE: CSAT Communication Activities in Support of  
Opioid Addiction Treatment Information Campaign

SAMHSA 270-01-7101

**PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0\_\_\_\_\_**  
**TO # NICS-\_\_\_\_\_**

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method:

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 ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT  
WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: \_\_\_\_\_

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

Date