

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333

REQUEST FOR TASK ORDER PROPOSAL

Date Issued: June 28, 2004

Date Proposals Due: July 30, 2004

Questions Due: July 7, 2004

Forward Questions and Proposals via email to:

Steve Lester, Contracting Officer, svl3@cdc.gov

Request for Task Order Proposal (RFTOP) NO.: R189 CDC 11

Title: *Development and Implementation of a Marketing Strategy to Promote Comprehensive Cancer Control in the United States*

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded. This RFTOP includes tasks described in the contract as the following:

#5 Outreach & promotion

#6 Press, public information, marketing and media services

#8 Product development

#9 Graphic design

#11 Communications meeting & conference support. ■

Page Suggestion:

Proposals should be no more than 20 pages in length. Attachments for such items as staff bios/cvs are allowed, but should be included in a separate appendix.

Budget format suggestion:

An itemized budget should be included for each deliverable listed in the RFTP. If applicable, itemized budgets from subcontractors should be included as well. Submit an itemized budget for each of the four Phases.

Funding Range: Over \$500,000 but less than \$700,000 (**Total for all 4 Phases**)

Background:

Cancer is the second leading cause of death in the United States. In 2004, about 1.4 million new cases of cancer (excluding nonmelanoma skin cancers and noninvasive cancers, except urinary bladder) will be diagnosed, and more than 563,700 Americans— about 1,500 people a day—will die of the disease.* The financial cost of cancer is also significant. According to the National Institutes of Health, in 2003, the overall cost for cancer in the United States was \$189.5 billion: \$64.2 billion for direct medical expenses, \$16.3 billion for lost worker productivity due to illness, and \$109 billion for lost worker productivity due to premature death.

Comprehensive cancer control (CCC) is an emerging model that integrates and coordinates a range of activities to maximize the impact of limited resources and achieve desired cancer prevention and control outcomes. A comprehensive cancer control approach integrates and coordinates activities for prevention, early detection, treatment, rehabilitation, pain relief, and patient and family care during survivorship. A key component to the success of this approach is establishing partnerships between public and private-sector stakeholders whose common mission is to reduce the burden of cancer.

The Centers for Disease Control and Prevention (CDC) has developed the *building blocks* model for comprehensive cancer control planning, which is a strategy for building a coordinated public health response to cancer. This model provides a way to assess and then address the cancer burden within a state, territory, or tribe. It builds on the achievements of, and enhances the infrastructure created for, existing cancer programs—many of which address individual cancer sites or risk factors. This structured approach provides the means to coordinate activities, track progress over time, monitor emerging developments in cancer and related fields, and periodically reassess priorities.

The significant growth of cancer prevention and control programs within health agencies and other state-based organizations has resulted in an appreciation of comprehensive cancer control approaches in the integration of cancer control activities to maximize resources and achieve desired cancer prevention and control outcomes. To further this end, the CDC/Division of Cancer Prevention and Control (CDC/DCPC) has provided support to initiate the National Comprehensive Cancer Control Program (NCCCP) through funding of state- and tribal-based cooperative agreements.

This initiative began in 1998 with six states and tribal organizations that had previously developed a cancer control plan and needed funding to aid in the implementation of these plans. Since then, the number of programs participating in NCCCP has grown substantially. In fiscal year 2003, CDC provided support for building coordinated and focused cancer control programs in 45 states, the District of Columbia, and five tribes and tribal organizations. With this support, state and tribal health agencies continue to establish broad-based CCC coalitions, assess the burden of cancer, determine priorities for cancer prevention and control, and develop and implement CCC plans. These programs integrate the full range of cancer prevention activities, including research, evaluation, health education and communication, program development, public policy development, surveillance and clinical services. By integrating these activities, health agencies and their partners use limited resources more efficiently, improve community-based education and health promotion, share expertise and effectively address at-risk

populations.

CCC programs across the country are making significant progress in coordinating and integrating cancer prevention and control efforts.

Comprehensive cancer control is based on the following principles:

- Scientific data and research are used systematically to identify priorities and inform decision making.
- The full scope of cancer care is addressed, ranging from primary prevention, early detection and treatment, to rehabilitation, pain relief, patient and family care during survivorship and end-of-life concerns.
- Many stakeholders are engaged in cancer prevention and control, including the medical and public health communities, voluntary agencies, insurers, businesses, survivors, government, academia, and advocates.
- All cancer-related programs and activities are coordinated, thereby creating integrated activities and fostering leadership.
- The activities of many disciplines are integrated. Appropriate disciplines include administration, basic and applied research, evaluation, health education, program development, public policy, surveillance, clinical services, and health communications.

Specific information on the NCCCP can be obtained by consulting www.cdc.gov/cancer/ncccp/index.htm .

The CDC has worked with a number of major organizations in the cancer control field to develop the Comprehensive Cancer Control Leadership Institutes (CCCLI). These institutes are a collaborative effort convened by the American Cancer Society, the American College of Surgeons, the Association of State and Territorial Health Officers, C-Change, the Centers for Disease Control and Prevention, the Chronic Disease Directors, the Intercultural Cancer Council, the National Cancer Institute, and the North American Association of Central Cancer Registries. The purpose of these institutes is to provide a strategic opportunity for a group of highly skilled, influential individuals to engage in collective action to support implementation efforts for a comprehensive cancer control approach within their state. [More information on the Leadership Institutes--their design, objectives, and content--can be accessed at <http://www.cdc.gov/cancer/ncccp/institutes.htm>]

Purpose and Overarching Objectives

We believe CCC to be a major marketing challenge because it does not directly address a specific cancer site or a specific risk factor, which is currently the norm for how cancer control and prevention activities are identified by the public and managed by healthcare systems. Thus, the marketing challenge centered on CCC is making this cancer control and prevention approach more visible, understandable, meaningful, and value-added to policy makers, public health workers, and national/state cancer organizations and leaders.

The marketing strategy that will be developed should focus on policy makers, public health workers, national/state cancer organizations and leaders. Educating these groups to understand the potential benefits that may be achieved through integration and coordination of cancer control efforts is a difficult task to accomplish. But we must find the best way to help empower these groups to take the necessary action for advancing comprehensive cancer control so the public may reap the benefits of a more consolidated cancer control and prevention approach.

CDC would like to obtain a creative contractor and/or subcontractor with specialized experience in designing, planning, and implementing a promotional campaign to market CCC at the national, state, and local levels. The goals of this marketing plan are to increase awareness of the potential benefits of CCC; to highlight integration and coordination of comprehensive cancer control activities; and to advance the reduction of the cancer burden in the United States.

The CDC requires a contractor who can provide leadership, coordination and oversight on the tasks described in this task order. The contractor must be able to activate and guide all contractor staff and subcontractors for completing the planning, development, and implementation of activities required for producing the CCC workshops. In addition, the contractor will be expected to work with a variety of CDC staff, and others to accomplish the objectives and deliverables described in this task order. The contractor will report to the CDC technical monitor for administrative purposes, status reports, and review of the deliverables. After an initial start-up meeting with key members of both CDC and the contractor's principal staff and subcontractors, contractor staff should participate in the planning committee conference calls, which will be held twice monthly and more frequently as the meeting time approaches.

Description of work:

There are **four phases** to task order CDC 11. ■

The **first phase** will involve an initial "Marketing Strategy Workshop" scheduled within the first 2 weeks of December 2004 to allow CDC to convene up to 20 non-Federal CCC partners and 20 Federal participants to

- obtain initial buy-in for marketing CCC on the national, state, and local levels;
- propose and discuss strategies for promoting CCC, including strategies for increasing understanding and awareness of the potential benefits of CCC;
- determine how best to market CCC;
- lay the foundation for establishing a marketing plan to promote CCC at the local, state, and national levels; and
- assist with the key messages that will be needed when drafting marketing products for CCC

The **second phase** will include development of a draft marketing plan and marketing products and materials, based on decisions reached in phase one regarding key messages, key communication points, and marketing strategies.

The **third phase** will involve a "**Review and Decision-making Workshop**" in late March 2005 with the same CDC partners (to the extent possible) to review and obtain input on the draft marketing plan and marketing products and materials developed during phase two. The goal of

this meeting is to help finalize the marketing plan and marketing products, as well as discuss the launch activities listed in the CCC marketing plan.

Phase four includes an official launch event and “roll out” of the CCC marketing plan (date TBD for Summer/Fall 2005), which includes dissemination of CCC promotional materials in subsequent months.

Note: Most of the tasks associated with the two workshops will be completed twice, as described in Phase I and Phase III activities.

PHASE I

Early December 2004 WORKSHOP

Prior to the workshop the contractor will review and become familiar with comprehensive cancer control information as specified and provided by CDC.

The objectives of the Early December 2004 workshop are to:

- 1) Review the current definition of CCC
 - a) Through open discussion participants will explore and assess current and potential definitions of CCC that accurately reflect the shift of CCC program planning to implementation.
 - b) Explore name change for CCC
 - c) Explore logo and conceptual model design for CCC
- 2) Discuss current CCC state communication/marketing plans, including those aspects of state plans that have been successful and reasons for their success.
- 3) Conduct a brainstorming session with multiple round table sub-groups.
 - a) Generate a listing of key CCC messages and main communication points.
 - b) Explore other CCC perceptions and strategies with workshop participants as necessary and in consultation with CDC/DCPC.

Meeting Management and Workshop Needs

- Identify, investigate, and procure meeting space within 600 miles of Atlanta, Georgia, for a 1 _ -day meeting (11:00 am to 5:00 pm for day 1 and 8:00 am to 6:00 pm for day 2). Once the site is approved, procure a block of sleeping rooms and meeting facilities at the hotel.
 - Up to 40 sleeping rooms may be required
 - Meeting space:
 - One large room that can be used for the plenary session
 - Up to 4 small breakout rooms may be necessary
 - All Breakout rooms should be available from 9:00 am through 5:00 pm starting the second day
- Assist CDC in the development and coordination of agenda sessions (plenary and small discussion groups).

- Develop, reproduce, and disseminate preliminary and final meeting agendas to all participants.
- Develop and mail letters of invitation to all workshop participants. The letter should include participant instructions, meeting logistics, and background materials. CDC will provide the list of participants.
- Contractor will make recommendations and assist in producing, collecting and copying background materials appropriate for the marketing strategy workshop and provide pre-workshop instructions for participants.
- Assemble and distribute a pre-meeting packet to all participants containing a draft agenda, CCC background materials, meeting logistics and participant instructions.
- Coordinate and conduct all necessary travel arrangements and reimbursements for non-federal participants.
- Coordinate and procure audiovisual arrangements with meeting facility and assist speakers with slide presentations and audiovisual needs if needed.
- Assist participants with registration and logistical information/documentation.
- Develop and maintain invitation, registration, and final participant lists.
- Develop speaker packets, including but not limited to a cover letter, presentation guidelines, and form requesting audiovisual needs.
- Identify and arrange for the services of one professional facilitator (lead) and for several facilitator assistants (total 5) to facilitate the small group discussions
- Identify and arrange for the services of up to 5 professional note-takers for small group discussions
- Use the services of a professional writer/editor to develop a Workshop Report (see instructions for report below).
- Conduct a pre-meeting orientation session for small group facilitators, note-takers and the writer/editor outlining all roles and responsibilities. Coordinate the process for obtaining and receiving breakout session summaries between the note-takers.
- Develop and print directional signage, session title signage, name tents, and name tags for all participants.
- Prepare and send post workshop thank-you letters to all speakers, attendees, and others as appropriate.

Travel

Coordinate and provide travel arrangements for all non-Federal sponsored meeting participants (meeting will not exceed 20 Federal and 20 non-Federal participants), including:

- Develop a hardcopy and electronic travel request form for sponsored travelers to complete and submit. The form would capture logistical needs regarding transportation modality (air line, train, or private vehicle) and hotel needs.
- Submit the above travel request form to all sponsored travelers and conduct travel arrangements based on information provided.
- Develop a personalized travel logistics letter that outlines the traveler's confirmed travel for both sponsored and non-sponsored travelers.
- Develop travel voucher and instructions for reimbursable travel for sponsored travelers.
- Submit the above travel voucher form and instructions to all sponsored travelers and conduct travel reimbursement based on information provided.

- Develop and maintain a travel list of all participants who will be attending the meeting. Complete contact information for each participant should be included.

On-site Services

Provide information for attendees related to set up, registration, equipment, and communication mechanisms.

- Provide, set-up and staff a registration desk, which is to be open 2 hours before the session begins.
- Coordinate all equipment needs for on-site staff office, including one telephone with direct phone line, one facsimile machine, one computer with Internet access, printer with rapid print capacity, and a copy machine also with rapid copy capacity.

Workshop Final Report

Develop a final report that summarizes topics discussed during the meeting.

- Produce a draft copy of the Workshop Report within 2 weeks after the conclusion of the meeting and send to CDC for review and comment.
- Incorporate CDC's comments into a final copy of the Workshop Report.
- Final report will synthesize all presentations and discussions held during the plenary and small discussion groups, priorities and recommendations. Report cover would include Workshop title, meeting dates and location, as well as any appropriate graphic images agreed upon by CDC.
- The report shall be edited by CDC's technical monitor for this project and produced in Microsoft Word and pdf formats and will not exceed 15 pages, excluding appendices or attachments.
- Reproduce and mail final report to all meeting participants and up to 10 key partners.

Timeline:

Contractor shall provide a logical and realistic time phased estimate for each of the meeting activities listed below for achieving the early December 2004 deadline for the Marketing Strategy Workshop.

Early December 2004 Workshop

1. Initial Meeting with Workshop Co-Sponsors/Committee
2. Coordination of Workshop Agenda and Speakers
 - Draft Agenda
 - Final Agenda
3. Coordination of Workshop Participants Mailing of invitation letters
 - Registration process
(to the final date of workshop)
 - Travel Request form to all sponsored participants
 - Travel Arrangements made for Sponsored Participants

- Travel Confirmation/Logistics letter to all Participants
 - Invitation, Pre-registration, Final participant list
 - Speaker packets
 - Thank you letters to speakers and attendees
 - Travel reimbursement completed
4. Pre-meeting Mail out
 - Develop and Disseminate packet
 5. Professional Staff/Meeting Support Services
 - Identify and arrange for facilitators (lead plus assistants)
 - Identify and arrange for note-takers
 - Identify and arrange for writer/editor
 - Conduct pre-meeting orientation session for all above
 - Prepare meeting signage, name tags, participants' materials
 6. Final Report
 - Draft of all plenary and discussion group summaries
 - Draft of Workshop Final Report
 - Final of Workshop Report
 - Dissemination of Final Report to Meeting Participants

PHASE II

Development of Draft Marketing Plan and Draft Marketing Products for CCC:

Based in part on the results of this workshop, the contractor will work with CDC/DCPC and other key national cancer leaders to design a national marketing plan for effectively communicating, promoting, and disseminating at least 3 to 5 main CCC marketing messages and communication points, as well as the CCC marketing products/tools that will help energize and promote the CCC approach at the national, state, and local levels.

To provide the components of a national CCC Marketing Plan, the contractor, in consultation with DCPC, shall perform the following:

1. In addition to the Marketing Strategy Workshop, the Contractor will meet in person or by phone with no less than 10 individual leaders identified by CDC in the field of cancer prevention and control to assess perceptions, experience, and expectations with implementing a state comprehensive cancer control plan. The Contractor will work with CDC on the interview strategy and plan. These interviews will not be standardized in nature and no script of questions will be used. Contractor will prepare a report (approximately 10 pages) on the key findings from the leadership interviews.
2. Develop goals and objectives for a CCC Marketing Plan that will effectively communicate and disseminate the CCC messages and communication points.

3. Contractor/subcontractor will work with CDC/DCPC and other individuals (to be determined) to design a marketing plan for effectively communicating, promoting, and disseminating at least 3 to 5 main CCC marketing messages and communication points, as well as the CCC marketing tools that will help energize and promote the CCC approach at the national, state, and local levels.
4. Create a marketing strategy(ies) for CCC, including (but not limited to):
 - clarification of target audiences,
 - a systematic plan for reaching the target population in the most effective and efficient manner with the key messages developed from the workshops and leadership interviews.
 - development and positioning of 3 to 5 main CCC promo messages and communication points,
 - determination of appropriate marketing mix (e.g. Web, print, mailings, etc.),
5. Development of draft marketing products/tools includes, but is not limited to, the following:
 - a new logo to represent CCC
 - a revised definition of CCC
 - main CCC messages and communication points (minimum of 3 to 5 each)
 - publications such as brochure(s), and/or fact sheets to help market CCC
 - other promotional media, such as posters, Web content, PowerPoint slide presentation(s), CD-ROM's or short video clip, to help market CCC
 - conceptual model for use in marketing CCC

The contractor shall provide writing and editorial services to develop publications and other materials needed by DCPC for this Marketing Plan and distribution efforts. Further, the contractor will demonstrate the ability to design, produce and implement all aspects of the ideas generated around additional or promotional materials.

[**Note:** All Web site activities needed to market CCC will be handled by CDC and its Web contractor, in conjunction with this marketing contractor.

PHASE III

Late MARCH 2005 REVIEW and DECISION-MAKING WORKSHOP

The objectives of the late March 2005 Review and Decision-Making Workshop are to:

- Review the new draft CCC logo, revised definition, key messages, main communication points, and other marketing materials.
- Review the national marketing strategy and plan.
- Reach consensus, to the extent possible, for preparation of final drafts of CCC logo; CCC definition; key messages; main communication points; other marketing materials (e.g., brochures and/or fact sheets); other promotional materials.

- Explore external national and state partnerships' roles and activities in the implementation and dissemination of key messages, strategies and activities to promote CCC.
- Discuss future marketing plans, including launch event and “roll out.”

Meeting Management and Workshop Needs

- Identify, investigate, and procure meeting space within 600 miles of Atlanta, Georgia for a 1 _ -day meeting (11:00 am to 5:00 pm for day 1 and 8:00 am to 6:00 pm for day 2). Once the site is approved, procure a block of sleeping rooms and meeting facilities at the hotel.
 - Up to 40 sleeping rooms may be required
 - Meeting space:
 - One large room that can be used for the plenary session
 - Up to 4 small breakout rooms may be necessary
 - All Breakout rooms should be available from 9:00 through 5:00 pm starting the second day
- Assist CDC in the development and coordination of agenda sessions (plenary and small discussion groups).
- Develop, reproduce, and disseminate preliminary and final meeting agendas to all participants.
- Develop and mail letters of invitation to all workshop participants. The letter should include participant instructions, meeting logistics, and background materials. CDC will provide the list of participants.
- Contractor will make recommendations and assist in producing background materials appropriate for the marketing strategy workshop and provide pre-workshop instructions for participants.
- Assemble and distribute a pre-meeting packet to all participants containing a draft agenda, CCC background materials, meeting logistics and participant instructions.
- Coordinate and conduct all necessary travel arrangements and reimbursements for non-federal participants.
- Coordinate and procure audiovisual arrangements with meeting facility and assist speakers with slide presentations and audiovisual needs if needed.
- Assist participants with registration and logistical information/documentation.
- Develop and maintain invitation, registration, and final participant lists.
- Develop speaker packets, including but not limited to a cover letter, presentation guidelines, and form requesting audio visual needs.
- Identify and arrange for the services of 1 professional facilitator (lead) and four facilitator assistants (total 5) to facilitate the small group discussions.
- Identify and arrange for the services of up to 5 professional note-takers for small group discussions.
- Use the services of a professional writer/editor to develop a Workshop Report (see instructions for report below).

- Conduct a pre-meeting orientation session for small group facilitators, note-takers and the writer/editor outlining all roles and responsibilities. Coordinate the process for obtaining and receiving breakout session summaries between the note-takers.
- Develop and print directional signage, session title signage, name tents, and name tags for all participants.
- Prepare and send post workshop thank you letters to all speakers, attendees, and others as appropriate.

Travel

Coordinate and provide travel arrangements for all non-Federal sponsored meeting participants (meeting will not exceed 20 Federal and 20 non-Federal participants), including:

- Develop a hardcopy and electronic travel request forms for sponsored travelers to complete and submit.
- Submit the above travel request forms to all sponsored travelers and conduct travel arrangements based on information provided.
- Develop a personalized travel logistics letter that outlines the traveler's confirmed travel for both sponsored and non-sponsored travelers.
- Develop travel voucher and instructions for reimbursable travel for sponsored travelers.
- Submit the above travel voucher form and instructions to all sponsored travelers and conduct travel reimbursement based on information provided.
- Develop and maintain a travel list of all participants who will be attending the meeting. Complete contact information for each participant should be included.

On-site Services

Provide information for attendees related to set up, registration, equipment, and communication mechanisms.

- Provide, set-up and staff a registration desk, which is to be open 2 hours before the session begins.
- Coordinate all equipment needs for on-site staff office, including one telephone with direct phone line, one facsimile machine, one computer with Internet access, printer with rapid print capacity, and a copy machine also with rapid copy capacity.

Workshop Final Report

Develop a final report that summarizes topics discussed during the meeting.

- Produce a draft copy of the Workshop Report within 2 weeks of the conclusion of the meeting and send to CDC for review and comment.
- Incorporate CDC's comments into a final copy of the Workshop Report.
- Final report will synthesize all presentations and discussions held during the plenary and small discussion groups, priorities and recommendations. Report cover would include Workshop title, meeting dates and location, as well as any appropriate graphic images agreed upon by CDC.
- The report shall be edited by CDC's technical monitor for this project and produced in Microsoft Word and pdf formats and will not exceed 15 pages, excluding appendices

- and attachments.
- Reproduce and mail final report to all meeting participants and up to 10 key partners.

Timeline:

Contractor shall provide a logical and realistic time phased estimate for each of the meeting activities listed below for achieving the March deadline for the Review Workshop.

Late March 2005 Workshop

1. Initial Meeting with Workshop Co-Sponsors/Committee
2. Coordination of Workshop Agenda and Speakers
 - Draft Agenda
 - Final Agenda
3. Coordination of Workshop Participants
 - Mailing of invitation letters
 - Registration process (to the final date of workshop)
 - Travel Request form to all sponsored participants
 - Travel Arrangements made for Sponsored Participants
 - Travel Confirmation/Logistics letter to all Participants
 - Invitation, Pre-registration, Final participant list
 - Speaker packets
 - Thank you letters to speakers and attendees
 - Travel reimbursement completed
4. Pre-meeting Mail out
 - Develop and Disseminate packet
5. Professional Staff/Meeting Support Services
 - Identify and arrange for facilitators
 - Identify and arrange for note-takers
 - Identify and arrange for writer/editor
 - Conduct pre-meeting orientation session for all above
 - Prepare meeting signage, name tags, participants' materials
6. Final Report
 - Draft of all plenary and discussion group summaries
 - Draft of Workshop Final Report
 - Final of Workshop Report
 - Dissemination of Final Report to Meeting Participants

PHASE IV

Launch Event and Roll Out of the National Comprehensive Cancer Control Marketing Plan

In order to promote national comprehensive cancer control, the contractor is requested to plan and execute a launch event designed to introduce the comprehensive cancer control approach to partners. This event is designed to kick-off a six-month effort to raise overall awareness about comprehensive cancer control's benefits; help educate policy makers, public health workers, and national cancer leaders; and ultimately help empower these groups to take the necessary action needed to advance CCC efforts.

The contractor shall provide oversight services (e.g. planning and organizing, graphics/communication) and create documents required for all deliverables pertaining to this task. The task will be divided into two components: the launch event (TBD Summer or Fall 2005) and national marketing activities (1-6 months from the launch event). The contractor should assume responsibility for each of these two components. Additionally, the contractor may be asked to coordinate and conduct work efforts jointly with the CDC/DCPC, Cooperative Agreement recipients, and/or other Contractors.

Although the final details and an agreement have not been reached with the C-Change organization to date, for the purposes of this proposal, the CDC would like the Contractor to consider how they would plan and execute an event before, during, or after the existing C-Change meeting. The organizational meeting is set for June 2005 in Washington, D.C. Kicking-off the program at this event is important, as many of CDC's key partners are present and would be able to participate in the event. Further, other partners and possibly media could be invited to participate.

In order to plan this event, the contractor would need to perform, but not be limited to, the following tasks and preparation activities:

- Task and Activities may include:
 - o Preliminary and actual event planning, coordination, and logistics
 - o Identifying potential corporate sponsors (if needed)
 - o Site selection and coordination at meeting hotel or nearby location
 - o Design and mailing of invitations (list provided by CDC)
 - o Follow-up calls and RSVP system for invitees
 - o Coordination of onsite logistics with meeting hotel
 - o Speaker selection and preparation (as directed)
 - o Plan and set agenda for launch
 - o Design and production of materials
 - o Audiovisual services coordination (if necessary)
 - o Provide onsite support at the launch event
 - o Follow-up thank you cards
- Conduct outreach to targeted media to facilitate news coverage
- Facilitate media interviews

- Possibly prepare and distribute video and/or audio news releases, to include bites and b-roll (distribution may be in hard copy at event itself as well as via satellite to news outlets.)
- Prepare launch event materials. These materials could include, but are not limited to,
 - o Design of invitations, RSVP cards, and envelopes
 - o Create an event memento (e.g., program or flyer or promotional item)
 - o Flyers, posters to promote the actual event
 - o Signage to help direct people to the event
 - o Name tags and/or speaker tent cards
 - o Prepare launch event kits or other related materials
- Prepare plans to invite local Washington media to cover the launch (optional).
- Draft press release or event advisory - coordinate with DCPC for CDC/DHHS clearance and participation
 - o Place event on the Associated Press Day Book Notice and other notification systems
 - o Make media follow-up calls (if needed)
 - o Press kit materials, including information about CDC's program, if needed
- Add to the final report a list of ideas related to networking, dissemination, and outreach that could be used to raise awareness of the key CCC concepts during the 1 to 6 months after the program launch event. These ideas may be used during the marketing period. This could include --drafting initial correspondence, note cards and/or arrange for Key Stakeholders to make personal phone calls to no less than 500 leaders in the field of cancer prevention and control in delivering the key messages created through the marketing strategy and planning process.
- Create a time line and brief descriptive final report of all the activities performed during the time from the launch to the end of the marketing period. The report should include analysis of the marketing efforts, outcomes and proposed next steps in marketing CCC, along with a recommended timeline for completing next steps.

Additional Instructions for Offerors:

- A **Web site** to help market CCC (to be handled by DCPC/OPPI and its Web contractor, in conjunction with contractor) will also be included in the Marketing Plan, but content development/Web site mock up, etc., will be handled by DCPC/OPPI and its Web contractor, in coordination with the DCPC/Contractor team.
- All materials shall be produced in PC-compatible software that meets CDC standards and is readily available at CDC, such as Microsoft Word, html, pdf, PowerPoint, Excel, PageMaker, Freelance, PaintShop Pro, etc. (formats TBD on an as-needed, deliverable-specific basis)
- Hard copies and electronic copies of all materials/documents shall be provided to the Technical Monitor.

- Final master materials produced should be camera-ready or broadcast quality originals, as well as html source-code and graphics for Internet-based materials developed.

Items from CDC appropriate for preparation of proposals:

Same as items listed for “Items from CDC appropriate for task completion.” See list below.

Items from CDC appropriate for task completion:

1. List of participants for both meetings and phone interviews.
2. Copies of currently available state cancer control plans
[Note: some plans are accessible via Web site links
<http://www.cdc.gov/cancer/ncccp/contact.htm>]
3. Web address for CCC background and basic information currently on the DCPC Web site. <http://www.cdc.gov/cancer/ncccp/index.htm>
4. Web address info for C-Change: <http://www.ndoc.org/default.asp>
5. Access to current graphics files pertinent to this project
6. Access to other materials needed for creative and content development.
7. CDC will develop an internal DCPC planning committee to work with the project officer on the development and review of materials related to both meetings and the marketing plan. The project officer will work closely with the contractor to see that the recommendations of the group are implemented during the term of the contract.
8. *Other materials may also be provided on an as-needed basis.*

Deliverables:

In addition to fulfilling the purpose of the task order, this list of deliverables is required.

Deliverable	Phase I	Phase II	Phase III	Phase IV
PHASE I & III September 2004 – April 15, 2005				
Draft Agenda	X		X	
Final Agenda	X		X	
Letter of invitation	X		X	
Document describing meeting logistics	X		X	
Document describing participant instructions	X		X	
Registration Form (hard copy)	X		X	
Final Registration/Participant's List	X		X	
Speaker Packet	X		X	
Pre-Meeting Packet for all participants	X		X	
Background paper that describes CCC	X			
Meeting signage	X		X	
Directional signs	X		X	
Deliverable	Phase I	Phase II	Phase III	Phase IV
Name Tags	X		X	

Name Tents	X	X
On-Site Meeting Folders	X	X
Post Workshop Thank You Letters	X	X
Final Meeting Summary Report	X	X
Travel Request form (hard copy)	X	X
Travel Request form (electronic)	X	X
Travel Logistics Letter	X	X
Travel Voucher & Instructions	X	X
Database or spreadsheet of all participants that identifies travelers	X	X
Draft copy of the Workshop Report		X
Print ready/camera ready Final Workshop Report		X
Hard copy (150 copies)		X
PDF version		X
PHASE II December 1, 2004 – May 1, 2005		
Report on External Audit (Leadership interviews?)	X	
Draft goals and objectives for a CCC Marketing Plan	X	
Marketing Strategy/Plan	X	
Marketing Tools (Draft)	X	
new logo	X	
revised definition	X	
main CCC messages and communication points	X	
brochures/fact sheets	X	
Posters	X	
Web content	X	
Power Point slide	X	
CD-ROM's	X	
quotes from national leaders	X	
Conceptual models	X	
PHASE IV June 1, 2006 – June 30' 2006		
Marketing Tools (Final)		X
new logo		X
revised definition		X
main CCC messages and communication points		X
brochures/fact sheets		X
Posters		X
Web content		X
Power Point slide		X
CD-ROM's		X
quotes from national leaders		X
Conceptual models		X
audio news release (to include bites and b-roll)		X
Invitations		X
Thank you notes		X
Event Memento		X
Promotional flyer/brochure		X
Event Signage		X
Event name tags		X
Event speaker tents		X
Launch event kits		X
Press Kit materials		X
Draft press release		X
Descriptive Final Report of all activities related to launch		X

Period of Performance:

Through **June 30, 2006**.

Special Clearances:

Check all that apply:

- OMB
- Human Subjects
- Privacy Act

Production Clearances:

- 524 (concept)
- 524a (audiovisual)
- 615 (printing)

All materials provided to the contractor will have received HHS and CDC clearance. Special clearances applicable to Web-based materials or products will be managed by CDC staff.

OMB, Privacy Act and Human Subjects Clearance forms submitted to the Centers for Disease Control and Prevention if applicable. Design of any data collection or evaluation measurement tools or activities should take into account the requirements for exemptions to OMB public survey clearance procedures as specified under the PHS Generic Approval to Conduct Customer Satisfaction Surveys under EO 12862. For any methods requiring OMB or IRB clearance, the Contractor shall prepare the appropriate packages for clearance.

This is not intended to be a research contract. The contractor shall not use these funds to engage in any form of research involving human subjects without express authorization from the CDC Project Officer and all necessary Institutional Review Boards, exemption-granting entities and/or other organizations whose approval may be required by the Code of Federal Regulations and other applicable state and federal regulations that may be in effect at the time of such proposed research.

Evaluation Criteria:

A. Award: This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

B. Technical Evaluation:

Technical evaluation for this RFTOP is as follows:

Criteria	Points or relative Value of criteria
Technical Approach	25 points
Staffing and Management	15 points
Similar Experience	40 points
Expert Recommendations	20 points

Technical Approach:

The Contractors are to provide a detailed discussion of their technical approach for providing the services required for this task order, including oversight and leadership processes and methods for building in efficiencies to seemingly routine tasks described above. The contractor is to provide a time line for the accomplishment of all tasks.

This criterion will be evaluated according to the soundness, practicality, and feasibility of the contractor's technical approach for providing the services required for this task order.

Staffing and Management:

Contractors are to provide (1) a staffing plan that demonstrates an understanding of the labor requirements for this task order; and (2) a management plan that describes the approach for managing the work, to include subcontract management if applicable.

Provide information reflecting experience of assigned staff that is relevant to the complexity and size of the anticipated project. The Staffing Plan and the Management Plan must reflect the following staff skills and abilities:

- A Project Director and Project Staff who have proven experience in providing guidance and oversight for achievement of overall task objectives, including oversight and management of the CCC technical and programmatic aspects of CCC, workshop planning, development, implementation and follow-up.
- Facilitators and professional note-takers that have proven experience in facilitating and summarizing discussions on public health issues, specifically CCC and marketing, in a large public meeting setting. Resumes of facilitators should be provided. CDC has final approval of facilitators that are chosen.
- Writer/editor that has proven experience in creating a final report that will require the synthesis of multiple discussions and products, as well as a keen understanding of CCC issues. The resume of the writer/editor should be included in the proposal.

This criterion will be evaluated according to the soundness, practicality, and feasibility of the offeror's staffing and management plans for this task order.

Similar Experience:

The contractor should clearly demonstrate their experience with the following:

- Technical expertise in producing a Final Meeting Report containing meeting discussions and recommendations.
- Experience in working with cancer-related projects and issues.
- Experience in developing and implementing a marketing plan
- Technical expertise in organizing and managing a Workshop of this nature.
- Ability and expertise to develop, design, and distribute all Workshop information materials, including written materials and interfaces for the Web., i.e., preliminary and final agenda, participant's directory, and other relevant tool development.
- Contractor should provide samples of graphics, writing, and marketing plans, if possible.

This criterion will be evaluated according to the quality, and similarity of projects of a similar type.

Expert Recommendations:

Contractors are to provide ideas and/or suggestions about creative and/or innovative ways to accomplish either the processes or products described in this task.

This criteria will be evaluated by examining the creative ideas offered and the rationale that supports the ideas presented.

C. Cost Evaluation: A cost analysis shall be conducted to determine the reasonableness of the contractor's cost proposal.

Point of contact:

Steve Lester, Contracting Officer

Email: sv13@cdc.gov

Telephone: 770-643-2883