

**PUBLIC INFORMATION & COMMUNICATION SERVICES  
NIH TASK ORDER (For Use by Other Federal Agencies)**

**RFTOP NUMBER: 250**

**TITLE:** Support services for the production of one Surgeon General's Report on smoking and health--*How Tobacco Causes Disease: The Biology and Behavioral Basis for Tobacco-Attributable Disease.*

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

**A. Point of Contact Name:**

Helen Mitchell  
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Phone: 770-488-1114

**Mailing and Billing Address:**

CDC/PGO  
Helen Mitchell, Contract Specialist  
Mailstop 71  
2920 Brandywine Road  
Atlanta, GA 30341

**B. Proposed Period of Performance:** October 1, 2005 thru November 30, 2006

**C. Pricing Method:** Cost Plus Fixed Fee

**D. Proposal Instructions:** The technical proposal is to be sent electronically to Ms. Helen Mitchell via email in Microsoft Word. The price proposal is to be sent electronically of the technical and price proposals are due electronically to Ms. Helen Mitchell at [hjm3@cdc.gov](mailto:hjm3@cdc.gov) by June 20, 2005 to by 4PM EST.

## F. TASK DESCRIPTION:

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

**Title:** Support services for the production of one Surgeon General's Report on smoking and health--*How Tobacco Causes Disease: The Biology and Behavioral Basis for Tobacco-Attributable Disease*.

**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 Tasks 8 (Product Development) and 9 (Graphic Design).

**Page Suggestion:**

No limit.

**Budget format suggestion:**

For budgeting purposes, the Contractor (and subcontractor, if applicable) should give an estimate for each Phase of the Task order (see Section II). This task order covers Phases 4-6 of the project. Phase 4 will be funded in FY05, and Phases 5 and 6 will be funded in FY06 when new funds become available.

**Funding Range:** (check one)

- Under \$100,000
- Over \$100,000 but less than \$300,000
- Over \$300,000 but less than \$500,000

**BACKGROUND:** The Office on Smoking and Health (OSH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) has the primary responsibility for programs of information and education as a means of reducing premature death and disability associated with tobacco use, particularly cigarette smoking. In addition to the Surgeon General's Report (SGR), OSH maintains the Smoking and Health database, a biennial report to Congress on tobacco use, and many award-winning media productions.

The first Report of the Surgeon General on the Health Consequences of Smoking was published in 1964. The Reports published in the years since then have detailed evidence of health effects in particular populations (1980 and 2001, women; 1985, workers; 1994 youth; 1998, U.S. racial/ethnic minority groups), the connection between smoking and specific diseases (1983, cardiovascular disease; 1984, chronic obstructive lung disease), or broader perspectives on health consequences (1990, benefits of smoking cessation; 1992, smoking in the Americas; 2000, reducing tobacco use). This topic for this report is *How Tobacco Causes Disease: The Biology and Behavioral Basis for Tobacco-Attributable Disease*.

Topics for the report are usually recommended to the Surgeon General by CDC's Office on Smoking and Health (OSH) after widespread solicitation of opinion from tobacco control and public health professionals around the country and abroad, at professional meetings or by letter and phone. Considerable effort is made to select timely, useful topics that will add to the valuable collection of knowledge in previous reports. A memorandum is sent to the Surgeon General asking for confirmation of the selected topic. In addition, the Surgeon General is usually briefed when the report is sent for PHS/HHS clearance. Later briefings occur in preparation for the press conference, according to the Surgeon General's preference.

Literature searches help to identify a Senior Scientific Editor who is expert in some area of tobacco control and also a capable manager of information and people. Likewise, authors and, if needed chapter editors, are selected according to their expertise as shown in publications and presentations.

The report undergoes two review cycles before it enters official clearance channels: 1) in peer review sections/chapters are submitted to subject experts for comment; 2) in senior scientific review, the entire volume is submitted to 20-30 outside reviewers and 10-12 PHS and other federal reviewers. After each of these cycles, the Senior Scientific Editor incorporates the comments as he or she deems appropriate, keeping records of their disposition of the comments.

Official clearance begins with editorial and scientific clearance in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), then comment by divisions within NCCDPHP. After comments are resolved, the report is submitted for CDC-wide clearance. After those comments are resolved, the report is submitted for simultaneous PHS/HHS clearance in Washington. Comments are again resolved, and the report is submitted to the Secretary and Surgeon General for final clearance. The report is then printed and distributed to Congress and others, usually released by the Surgeon General at a national press conference.

The Report's importance and widespread acceptance result from a variety of factors, including the thoroughness of the literature research and the high government level from which the Report is issued. The logistical and editorial activities for the Report are complex and involve face-to-face meetings of OSH staff with reviewers and authors, conference calls, computer interfacing, submission and review of manuscripts, conversion of manuscripts from and into various machine-readable formats, literature searches and subsequent document delivery, verification of references cited, indexing of the text, outside review of manuscripts, and governmental review and clearance.

## **DESCRIPTION OF WORK:**

This task order is for support services for the production of one Surgeon General's Report on Smoking and Health (hereafter called the Report or SGR), tentatively scheduled for release in late 2006. This topic for this report is *How Tobacco Causes Disease: The Biology and Behavioral Basis for Tobacco-Attributable Disease*. This task order specifically covers phases 4-6 of the project (Phases 1-3 are being completed under a separate task order)—See Section II, Timetable for Producing the Report. Phase 4 will be funded in FY2005, and Phases 5 and 6 will be funded in FY2006. The Report presents the conclusions of experts in the field of smoking and health and summarizes the scientific evidence in support of the conclusions. The evidence cited is often used to develop national health promotion policies. The SGR is usually produced annually. Support services are for production of the full report and the Executive Summary. The length of the report varies each year, depending on the scope of the topic but will consist of approximately 350 typeset text pages, estimated at approximately 600 manuscript text pages (@ 250 words per manuscript page) including tables, graphs, references, list of tables and figures, list of abbreviations, and index. The Executive Summary will consist of approximately 30 typeset text pages and includes Chapter 1—the Introduction— and the final chapter—A Vision for the Future.

## **Technical terms significant to the description of work are defined below:**

### Terms related to the report itself:

**"Body of the report"**: Chapter 2 through the end of the report. These chapters compose the bulk of the report and contain the significant scientific information.

**"Front matter"**: Message from the Secretary, Preface, Foreword, Acknowledgments, and Chapter 1. These sections contain conclusions and policy-related material.

**"Back matter"**: The list of tables and figures, list of abbreviations, and index.

### Terms related to the review and clearance processes:

**"Review"**: Evaluation and comment on the scientific content of the report by experts in the field. There are four levels of review:

- a. **"Peer review"**: Review of sections by experts currently working in the field.
- b. **"Senior Scientific Review"**: Review of volume by experts of long standing.
- c. **"CDC staff review"**: Program-level review by CDC experts.
- d. **"DHHS agency staff review"**: Program-level review by experts from other agencies of the Department of Health and Human Services.

**"Formal Clearance"**: Agency approval of both the scientific and the policy content of the report. There are four levels of formal clearance:

- a. **"NCCDPHP clearance"**: Clearance through the National Center for Chronic Disease Prevention and Health Promotion, CDC.
- b. **"CDC clearance"**: Clearance through the Office of the Director, Centers for Disease Control and Prevention, including review by appropriate CDC Centers, Institutes, and Offices.

c. **“DHHS clearance”**: Clearance by DHHS agencies other than CDC and officials in the Department of Health and Human Services.

d. **“Office of the Secretary and Surgeon General clearance”**: Clearance through the Office of the Secretary, and Office of the Surgeon General, Department of Health and Human Services.

Production-related terminology:

a. **“Copy edit”**: Correcting text for punctuation, spelling, basic grammar, and consistency; does not include reorganizing, rewriting, and consolidating and restructuring material.

b. **“Page layout”**: Page-by-page design of the finished report. This process will be accomplished on desktop publishing software.

c. Prepress **files**: Final corrected electronic files used for printing.

There are three major draft stages and a final approval stage:

- a. Draft 1--for peer review.
- b. Draft 2--for simultaneous senior scientific review, CDC staff preliminary review, and PHS agency staff review.
- c. Draft 3--for formal clearance through NCCDPHP, CDC; the Office of the Director, CDC, and appropriate Centers, Institutes, Offices; the directors of all other DHHS health agencies and officials of the office of the Assistant Secretary for Health; the Office of the Secretary, DHHS.
- d. Final review, approval, and signature by the Secretary, Department of Health and Human Services, and the Surgeon General.

## II. Timetable for Producing the Report

The timetable for producing the report will be about 28 months and will follow the format below. A typical schedule follows:

### Phases of Production for SG Reports (\* Denotes contractor participation).

#### Phase 4

- Comments received from peer review reviewers.
- \* Senior Scientific Editor meets with authors individually or in a group to discuss review comments, if necessary.  
Authors revise drafts (as necessary).
- \* Comments incorporated by Senior Scientific Editor, Technical Monitor, and contractor.  
CDC Technical Editor and Senior Scientific Editor edits drafts
- \* Contractor incorporates changes and copyedits to produce Draft 2 (Senior Scientific Review).
- \* Senior scientific and agency staff review volume copied and collated and sent to Technical Monitor for review.
- \* Review volume distributed to Senior Scientific and agency reviewers.  
Front matter (preface, foreword & chapter 1) written by Senior Scientific Editor.

## Phase 5

- Comments back from senior scientific and agency staff review.
- \* Comments incorporated by Senior Scientific Editor and contractor.
- \* Prepare overall table of contents, lists of tables and figures, list of abbreviations, and acknowledgments.
- CDC Technical editor performs third and final technical edit. Senior Scientific Editor approves edits.
- \* Contractor incorporates changes and copyedits to produce Draft 3 (1st clearance).
- \* Formal clearance volume copied, collated, and distributed. NCCDPHP, including the Associate Director for Science and Editorial Services Branch, reviews entire volume review at this time.
- Briefings of Surgeon General begin (3 briefings are usual).
- \* Briefing books prepared.
- Formal clearance through CDC, PHS, and DHHS begins.
- Acknowledgments verified.
- Distribution plan drafted and approved.

## Phase 6

- Volume is cleared by DHHS.
- \* Senior Scientific Editor and contractor incorporate clearance comments.
- Volume submitted for Secretary's and Surgeon General's final approval.
- \* Produce final pre-press files.
- \* Produce index.
- Draft and edit At a Glance summary of report.
- Secretary signs letters of transmittal to Congress.
- Full Report, executive summary, At A Glance sent to printer
- \* 1-3 final briefings of Surgeon General in Washington.
- \* Briefings books updated for each briefing as needed.
- Speeches and press releases written and cleared.
- \* Graphics for press conference selected and produced.
- Report distributed.
- Press conference.

### **III. Overview of Contractor Tasks**

Following is a complete list of all tasks that may be performed by the contractor over the period of the contract (Phases 4-6);

1. Compensate one Senior Scientific Editor.
2. Compensate additional authors (if necessary).
3. Arrange meetings (as needed) for authors, editors, and CDC and/or contractor editors. Arrange travel for authors, editors, and contractor staff. Meetings will be usually one full day, with an overnight stay if necessary for those from locales other than Atlanta, and will be held in Atlanta in federal facilities but may be held elsewhere if the Technical Monitor deems another site to be in the best interest of the government. Only the authors, Senior Scientific Editor, other scientific

editors if any, Contractor Project Director, CDC technical editor, and key CDC staff will attend.

4. Handle correspondence with authors, peer reviewers, and senior scientific reviewers.
5. Convert authors' disks from whatever software they use and produce a single Microsoft Word version of the report and a hard copy (as needed); the report contains estimated 10 chapters of 60 double-spaced pages each. If CDC updates its word processing software or computer layout system, the contractor must also update theirs to remain on the same system. All reviewers and clearance officials will work on hard copy. CDC will work in Microsoft Word. The Senior Scientific Editor will work in whatever software he/she uses and will supply the contractor with updated electronic files for producing review and clearance copies.
6. Perform copy editing of the highest professional standards on all manuscripts. The Office on Smoking and Health has a full time editor on staff who will serve as the Technical Editor for the Report.
7. In close consultation with the Technical Monitor, the contractor shall assist in revising authors' guidelines, the editorial style sheet for the Report, and layout design for each report, as needed; final decision-making authority rests with the Technical Monitor (CDC Managing Editor).
8. Copy, collate, and distribute all major drafts for review and formal clearance as directed by the Technical Monitor. The contractor will send drafts to senior scientific reviewers, and the Technical Monitor through regular mail or overnight mail if approved by the Technical Monitor and will maintain up-to-date contact information on reviewers and authors. The Technical Monitor will disseminate drafts to CDC and agency staff review and for formal clearance.
9. Incorporate review comments after drafts are reviewed to produce the next draft as directed. Send review comments from all stages of review directly to the Technical Monitor and Senior Scientific Editor; the Technical Monitor and the Senior Scientific Editor will evaluate the comments and send pertinent ones to the contractor. The Technical Monitor and the Senior Scientific Editor will instruct the contractor in incorporating comments from departmental clearance review and final comments from the DHHS Secretary's and Surgeon General's final review.
10. Verify all references with their sources and verify accuracy and agreement of citations within the report. This task should be completed by the time Draft 3 is submitted for formal clearance. The Technical Information Center, OSH, will provide literature searches and documents requested by authors. Verification of references must be completed by the Contractor before the final draft is prepared for clearance, i.e., by the end of the second draft, and updated if necessary after the third review and final approval. The Contractor will work on a master electronic listing of verified references and will send a hard copy of the updated verified reference list at the first of each month during the draft stages of the report until all references are verified.

11. Create tables and figures; acquire authors' data points and other necessary information from authors and the Senior Scientific Editor. Contractor must use QuarkXpress software for the Mac computer.
12. Prepare review and formal clearance versions of the report, including necessary correspondence for peer and senior scientific review. The Technical Monitor will provide the language for the correspondence to reviewers and will prepare the correspondence for agency staff and formal clearance.
13. Manage the flow of manuscripts during peer and senior scientific reviews. The Technical Monitor will manage agency staff review and formal clearance. Review packages will usually be sent through express mail services for tracking purposes. No express mail, overnight mail, or special courier service will be used except as authorized by the Technical Monitor.
14. The Senior Scientific Editor will write and the contractor will edit the Preface, Foreword, and Chapter 1 (front matter). These policy-related portions undergo formal clearance only and are not part of Drafts 1 and 2.
15. Provide page layout and create prepress electronic files of the Full Report (an average of 350 pages for each report) and the Executive Summary (approximately 30 pages). The design and layout specifications for the full Report and the Executive Summary are expected to be the same as for the 1998, 2000, 2001, and 2004 Reports. Only one version of the final report will be produced. There is no "prepublication" version.
  - a. Prepare all drafts in Microsoft Word.
  - b. Prepare all layout in the most current version of QuarkXpress software for a Mac computer. Prepare page layout of the body of the report (chapter 2 through the end), including tables and graphs, when the volume goes to Washington for DHHS clearance; few changes are expected in these pages after this point. Sample layout in Quark (Apple) software, for design purposes only, will take place during development of the report, but actual page layout is not to take place before formal clearance begins. The Technical Monitor must authorize the beginning of page layout for the full Report and the Executive Summary.
  - c. Prepare page layout of the front matter (Preface, Foreword, and Chapter 1) after formal clearance is complete. The Technical Monitor must authorize the beginning of page layout for the front matter.
  - d. Produce the prepress electronic file of the entire report (the body and the front matter) after all formal clearance is complete, necessary changes have been made to page proofs, and the Secretary of DHHS and Surgeon General have approved the

Report. The Technical Monitor must authorize the start-up of production of final prepress file.

- e. Make any typographical corrections or changes vital to policy or scientific accuracy after page layout has begun, as directed by the Technical Monitor.
16. Prepare an overall table of contents, lists of tables and figures, acknowledgments (which are verified and provided by the Technical Monitor), list of abbreviations used in the Report, and the index of the report; provide page layout and produce electronic file of each.
17. Acquire whatever documents, such as books or journals, are needed and requested by the Technical Monitor in support of the Report.
18. Prepare an index of the Report, beginning when the third draft is complete (and submitted for departmental clearance). Indexing should be complete except for final changes and page numbers three months later, by midpoint in the departmental clearance process. The contractor should submit the preliminary word list for review by the Technical Monitor after two months, and revise as requested. Electronic searching of the text should be used to save time and cut cost. The topics must be concisely and logically organized; the index must be thorough, i.e., approximately 7-10 topics per page.
19. Produce three stages of proofs of the layout of the entire report. The contractor shall read the first proof and supervise two more readings, the last of which is a copy-to-copy reading aloud by proofreader; the Technical Monitor authorizes any changes after review. The Contractor will make changes as directed by Technical Monitor.
20. Produce briefing books for meetings with the Surgeon General (as needed).
21. Arrange details of and compensate for travel and accommodations as specified by the Technical Monitor for selected authors or editors to attend briefings with the Surgeon General about the Report, and the press conference.
22. Contractor will consult frequently, often daily, during the final production phases, with Technical Monitor during each phase of the report, particularly during layout and page proof stages of production. During these two stages, consultation should be in person so that actual original layout of pages can be discussed. Contractor will advise Technical Monitor immediately of any problems or potential problems with any of the work.
23. Contractor will produce one high quality laser photocopy of the final copy.
24. Contractor will produce electronic PDF and HTML files of the Full Report and the Executive Summary in accordance with HHS specifications so that they can be posted on our website the day of the press conference.

25. Contractor shall assist as needed on-site in the OSH Washington Liaison Office with collation of press kits during the day preceding and day of the press conference to release the report and with transport of materials to press conference.
26. Contractor shall assist with preparation of express mailing labels for initial distribution of the report as needed.

### **Personnel**

The contractor shall provide the following personnel on an as-needed basis for the tasks specified in this contract:

1. Project Director--Responsible for the overall management of all Contractor's tasks, including tracking of drafts, conversion of word processed documents, editing, proofreading, meeting and travel arrangements, reference verification, and many other details. The Project Director responsibility should reside in the same individual throughout the Report.
2. Copyeditor-- Responsible for correcting text for punctuation, spelling, basic grammar, and consistency; does not include reorganizing, rewriting, and consolidating and restructuring material.
3. Proofreader--Responsible for proofing all drafts, as well as proofreading the final page proofs of the report.
4. Word Processing Specialist --Review comments will be made on hard copy and will have to be entered by the contractor into the Microsoft Word draft versions of the report. Authors' drafts must be converted to the appropriate software for the Senior Scientific Editor.
5. Graphics layout artist--Responsible for following CDC's editorial specifications for layout of the Report, Executive Summary, and the tables and figures.
6. Index Specialist--Responsible for indexing the report.
7. Technical Information Specialist/Library Scientist--Responsible for verifying all references in the text and for assuring style consistency in the references.

### **Equipment and Technical Capabilities**

The Contractor shall provide the following systems and technical capabilities:

1. PC system with the most current version of Microsoft Word for use during draft stage.
2. Citation management system for tracking and formatting hundreds of references. References are organized by chapter; cross-checking between the text and the references is crucial.

3. State of the art computers/terminal with modem and access to the Internet for computer conferring with authors and editors and for on-line interactive searching of the OSH database and other databases.
4. Established account with an overnight delivery service with a guarantee of delivery before 10:00 a.m.
5. MAC platform for final page layout/design. See below for additional software requirements.
6. Large-volume capacity, high-quality laser photocopy machine.
7. State-of-the-art facsimile machine.
8. Capability to convert MAC and PC files to either platform.
9. Ability and technical capability to search major biomedical, psychosocial, behavioral, legal, and media databases related to tobacco and tobacco use.
10. Access to and current accounts with major online database services, such as Medline and Knight Ridder's Dialog.

**ITEMS FROM CDC APPROPRIATE FOR TASK COMPLETION:** Style Guides for Text and References; Instructions to Authors; a copy of the Full Report and Executive Summary of the 2004 report, *The Health Consequences of Smoking*, 2001 report, *Women and Smoking*, and the 2000 report, *Reducing Tobacco Use*.

**DELIVERABLES:** For budgeting purposes, the Contractor should give an estimate for each Phase of the Task order (see Section II). The following is an overview listing the deliverables for the report that shall be submitted in the following quantities and at the time specified in the delivery schedule.

<u>Deliverable</u>	<u>Summary/due dates</u>	<u>Quantity</u>
Draft reports	Each draft of the Surgeon General's Report should include changes cleared through the Technical Monitor. Each draft will be copyedited by the contractor. The Senior Scientific Editor will authorize changes, subject to approval by the Technical Monitor, and the contractor will enter them into the word processing document. Changes may be submitted by telephone, annotated hard copy, email, or disk. The contractor will send drafts to peer reviewers, senior scientific reviewers, and the Technical Monitor through regular mail or approved express mail and will maintain up-to-date contact information on reviewers and authors. Produce clean laser draft and electronic version of body of report of Authors original drafts and Authors revised drafts. This excludes Chapter 1 and front matter, which are written later by the Senior Scientific Editor and Technical Monitor. <i>Senior Scientific Review (Dec 2005); NCCDPHP Clearance (April 2006); CDC Clearance (June 2006); HHS Clearance (August 2006)</i>	Two master copies of each draft for CDC, ; additional copies as directed by Technical Monitor

Graphics	The Contractor produces all graphics and tables for the report. <i>(October 2005-October 2006-- ongoing as needed)</i>	One master copy for Technical Monitor.
Reference verification	Produce fully verified references used in the report to accompany each draft stage of the report. <i>(June 2005 and ongoing as needed)</i>	Intermediate list monthly
Mailing of Draft reports	Send revised draft 2 to Senior Scientific Reviewers <i>(November 2005)</i>	Approximately 20 copies Technical Monitor for distribution to CDC reviewers, approximately 20 copies to Senior Scientific reviewers, and approximately 20 copies to authors
	Produce clearance draft 3 and send copies to Technical Monitor. <i>NCCDPHP Clearance (April 2006); CDC Clearance (June 2006); HHS Clearance (August 2006).</i>	One master copy for Technical Monitor, approximately 12 copies clearance (as directed by Technical Monitor)
Front/Backmatter	Produce subject index, table of contents, list of tables and figures, and list of abbreviations for CDC review. <i>(August 2006)</i>	1 original set.
Layout	Produce three stages of proofs of layout of entire volume—consists of the body and front matter plus subject index, tables of contents, list of tables and figures, and list of abbreviations. Changes will be made by contractor, with approval by Technical Monitor. <i>(August 2006)</i>	1 original of each set of proofs.
	Make final corrections to layout and produce prepress file on zip disk or CD, of final volume, publication quality. <i>(August 2006)</i>	1 original set.
Prepress Files	Electronic pre-press files furnished for printing must be created using Mac OS System 8.0 or later on a single session Recordable CD or ZIP disk, using the following software: Page Layout- QuarkXpress; Drawing/Illus- Adobe Illustrator; Image Manipulation- Photoshop. Note: Contractor must use software in corrected native format, latest version, and without third party extensions/plugins. Also, media must include all fonts used. In addition to CD/ZIP, contractor must furnish laser print (in color as required) hard copy of final file. Additional guidelines for creation/submission of electronic prepress files for the Government can be found at <a href="http://www.gpo.gov/procurement/ditsg/300.pdf">http://www.gpo.gov/procurement/ditsg/300.pdf</a> . <i>(August 2006)</i>	2 Disks plus lasers
Internet ready files	The final print file must be furnished as a "Re-purposed Deliverable" in Adobe Acrobat Portable Document Format(PDF) and as an HTML file. The files are to be delivered on a separate CD/ZIP disk. <i>(September 2006)</i>	2 Disks

**PERIOD OF PERFORMANCE:** Phase 4, October 1, 2005 through December 31, 2005.  
Phases 5 and 6 completed by November 30, 2006

**Special Clearances:**

*Check all that apply:*

- OMB
- Human Subjects
- Privacy Act

Production Clearances:

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

**EVALUATION CRITERIA:**

A. Award: This task order will be awarded to the offeror whose proposal is considered to be the most advantageous to the Government, price and other factors (identified below) considered. Technical factors will be more important than price in the evaluation of proposals. 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 for this RFTP are as follows:

Criteria	<u>Points or relative Value of criteria</u>
Understanding of the Project	<u>10</u>
Methodology and Approach	<u>15</u>
Staff Experience and Capability	<u>40</u>
Facilities and Technical Capability	<u>25</u>
Management Capability	<u>10</u>

**Understanding the Project**

**10 points**

The contractor should demonstrate the following in detail:

A thorough perception of the needs and purpose of the project, particularly its scope and the importance of the Surgeon General's Report, to demonstrate complete understanding of intent, level of skill, organization, degree of quality control, and coordination required.

Clarity, feasibility, and practicability of the plan to accomplish the tasks.

Recognition of potential problems in performing the tasks and an appropriate and sound plan of proposed solutions.

**Methodology and Approach**

**15 points**

The contractor should describe in detail its proposed method and approach, specifically addressing the following:

Soundness, practicality, and feasibility of the proposed approach and work plan.

A detailed Quality Control Plan for maintaining high quality in all tasks throughout the contract period and for recognizing, managing, and overcoming difficulties or problems in producing deliverables and performing tasks. This plan should address each step in the production process and all tasks.

### **Staff Experience and Capability**

**40 points**

The contractor should demonstrate in detail that the personnel selected to work on this project meet the following requirements in education and experience:

Project Director should demonstrate recent (within 5 years) senior level experience successfully managing at least two similar health-related projects.

Word processing specialist should have at least 3 years' experience working at an advanced level in the most current versions of Microsoft Word and be proficient in converting word processing files from one software to another.

Graphics layout artist should have at least 3 years' experience working in the current version of Quark software for the Mac computer, 3 years experience with Adobe Illustrator, and at least 3 years' experience in layout of publications of similar size and complexity. Work samples should be submitted with the offeror's proposal.

Technical information specialist should have at least 3 years' experience in sophisticated database searches and be competent to search the OSH database and major online sources, such as Dialog and Medline.

Proofreader and copyeditor should have at least 5 years' experience proofreading and copyediting book-length publications, particularly technical or scientific material. Proofreader should have experience in copy-to-copy reading aloud of a scientific or technical book.

Index specialist should have at least 3 years of experience indexing scientific or medical publications of comparable length and complexity as the SGR.

### **Facilities and Technical Capability**

**25 points**

The contractor should demonstrate their ability to interface quickly and effectively, daily at times, by phone, fax, and e-mail with CDC's Office on Smoking and Health during all stages of production.

Technical capability and equipment to convert authors' and editors' word processing disks quickly to the current CDC word processing software in Microsoft Word; to handle, manage, track, and store all versions of a 600-manuscript-page document; to search major databases, such as Dialog and Medline and the OSH database; to produce pre-press electronic files in a zip disk or comparable electronic technological medium on 24-hours' turnaround; to lay out pages on a Mac computer system using the most current Quark

software; to run multiple high-quality copies quickly of large documents; to use Adobe Illustrator software to send high quality facsimile copies instantly; to produce high-quality graphs, charts, and tables, both letter-size and poster-size in one week; to track and format thousands of references, cross-checking between the text and the references; to verify over 1,000 biomedical and behavioral references; to produce PDF and HTML files of documents; and to communicate with and transmit documents via modem and Internet to OSH staff, editors, and authors.

### **Management Capability**

**10 points**

The offeror should describe in detail its management system, demonstrating its experience in successful management of similar projects, specifically showing its ability to provide the following:

Management commitment of adequate and quality resources. In particular, management capability should include a back-up plan to keep work timely when designated staff are temporarily unavailable.

Financial management plan for timely, accurate billing and complete, consistent accounting for the project work by task, staff person, and time.

Organization of staff showing clear lines of authority and responsibility.

Ability to produce monthly progress reports showing work performed, progress on production, plans for next month, and any problems encountered or anticipated. This report should include a quality control element showing what problems, if any, have been identified and what measures have been or will be taken to overcome them.

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

In addition to technical evaluations and business proposal evaluation, past performance will be evaluated and used in award determination as described below:

**Program Management:** The Contractor shall demonstrate how the management structure will be flexible and responsive to meeting task order requirements. The Contractor shall demonstrate how flexibility is to be maintained in making work assignments in order to make maximum use of available personnel and skill mix. Describe the problems associated with and a proposed approach to managing problems associated with this project. Demonstrate the relationship between the Project Manager, Task Leader and upper management to ensure adequate attention from upper management in resolving problems. The Government will determine the expected value of proposals by assessing past performance. This assessment will reflect the Government's degree of confidence in the contractor and will be combined with contractor's technical and price evaluation to adjust the evaluation of the contractor's proposal, and may be highly influential in the determination of whether the contractor represented the best overall expected value.

The level of confidence (risk) assessment will be used by the Government to adjust the contractor's promised value score and determine its expected value. Proposals will be given a rating for past performance based on the following scale. This rating combined with technical and price will determine the overall rating of the proposal.

Low	The contractor received an extremely low rating for past performance, based on almost entirely unfavorable reports of past performance. The likelihood of the contractor keeping its promises made in the technical proposal is very unlikely. The contractor assignment of financial and other resources to the work of this task order fall far short of the requirements for success of the project.
Moderate	The contractor's record of past performance was neither predominately favorable nor unfavorable or contractor has no past performance to evaluate. Standard analyses of financial and other resources assigned to this task order indicate that while the contractor's perception appears to be presently stable, and neither especially strong nor weak, its condition could improve or deteriorate dramatically depending on the outcome of certain ongoing contract or in-house projects. The likelihood of the contractor keeping its promises made in the technical proposal is neither favorable nor unfavorable.
Good	The contractor received mostly high ratings for past performance. The likelihood of the contractor keeping its promises made in the technical proposal are good. The contractor's financial and other resources assigned to this task order appear to adequately meet the requirements of the prospective task order.
High	The contractor received the highest possible rating for past performance, based on entirely favorable reports of past performance. The likelihood of the contractor keeping its promises made in the technical proposal is very likely. The contractor's financial and other resources assigned to this task order far exceed the requirements of the prospective task order.

Task Order Evaluation Forms completed for Tasks awarded under these multiple award contracts will be used to assess past performance.

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