

SECTION C - DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1. STATEMENT OF WORK

Independently and not as an agent of the Government, the Contractor shall be required to furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work, below.

ELIGIBILITY: The Contractor is eligible to submit Task Order Proposals in all of the following domains:

Domain I	Feasibility, Pilot and Evaluation Projects
Domain II	Statistical Projects
Domain III	Health Systems Analysis, Economics, and Financing
Domain IV	Technical Assistance and Training
Domain V	Event Planning and Logistics

BACKGROUND

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA pursues this mission at a time of significant change. Health reform has been enacted, bringing sweeping improvements in how the United States delivers, pays for, and monitors health care. The evidence base behind behavioral health prevention, treatment, and recovery services continues to grow and promises better outcomes for people with and at risk for mental and substance use disorders. All of this change is happening at a time when State budgets are shrinking and fiscal restraint is a top priority.

Recognizing the need to balance these opportunities and challenges, SAMHSA has identified eight Strategic Initiatives to focus its limited resources on areas of urgency and opportunity. The Initiatives will enable SAMHSA to respond to national, State, Territorial, Tribal, and local trends and support implementation of the Affordable Care Act and the Mental Health Parity and Addictions Equity Act. People are at the core of SAMHSA's mission, and these Initiatives will guide SAMHSA's work through 2014 to help people with mental and substance use disorders and their families build strong and supportive communities, prevent costly and painful behavioral health problems, and promote better health for all Americans. This IDIQ contract will support SAMHSA's new policy direction and results in changes in some domains from the existing contract. Additional information can be found at www.samhsa.gov "Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014". The eight Strategic Initiatives are:

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

Domain I: FEASIBILITY, PILOT AND EVALUATION PROJECTS

Feasibility and Pilot Studies

The Contractor shall design, conduct, and report results from feasibility and pilot studies, as well as develop tools that increase fidelity to the implementation of successful models of intervention and/or program design. A feasibility study is usually done to determine whether or not an organizational activity, a service, a therapeutic procedure, a financial intervention, a treatment service, strategy, intervention, technology or a statistical operation

or model will work as intended. Feasibility studies are usually small scale and completed over a relatively brief period of time. A pilot study is used to determine whether or not the results of a feasibility study can be successfully replicated under a broader set of circumstances that are reflective of the intended range of applicability. The Contractor shall identify the key components of the feasibility or pilot study; identify the units that will participate in the study and a procedure by which units will be sampled and invite units to participate in the study; arrange all logistics for the study; provide support to the units as the study is conducted; convene the sampled units as needed throughout the study; collect qualitative and quantitative information on unit performance in the study; and prepare a report on the outcome of the study.

Evaluations

SAMHSA conducts evaluation studies of projects or programs in order to understand factors that may impede or contribute to its success; to explain linkages between project or program activities and outcomes; to assess effects beyond intended objectives; to estimate what would have occurred in the absence of a project or program, in order to assess net impact; or to compare the effectiveness of alternative interventions, projects or programs aimed at the same objectives. Evaluation studies can be experimental or non-experimental in design; and can include a range of qualitative and/or quantitative information for a number of subject areas. Evaluations may focus on: process or implementation to understand if the intervention, project, or program is operating as intended; outcomes to determine if projects or programs achieve intended objectives; impact by comparing what would have happened in the absence of the project or program; cost benefit and/or cost effectiveness to assess the costs to produce positive benefits or identify the least costly method of achieving objectives. SAMHSA evaluations may make use of multiple sources of data, such as: grantee progress reports, grantee local evaluation reports, performance data reported to SAMHSA, customer/client surveys, clinical instruments, field observation, and other sources. The Contractor shall have the capacity to design and/or execute such evaluation studies. In some instances, evaluation studies will have short deadlines and limited resources so careful attention must be devoted to selecting the most appropriate designs and employing appropriate standards for health care research and statistical methodology.

The Contractor shall develop one or more preliminary evaluation design, which will measure relevant aspects of program performance. The products of this sub task will include instruments, a data collection plan, and a data analysis plan. The Contractor shall elucidate the questions to be addressed by the evaluation study; design an evaluation study capable of successfully answering the questions posed; invite participation in the study; arrange all logistics for the study; convene and conduct a technical support group; provide technical assistance on the evaluation; collect qualitative and/or quantitative information; analyze collected data and prepare a report that summarizes the essential questions, design, results, and discussion. In preparing summary reports, the contractor will work with the TOO to identify the target audience (there may be more than one for each program evaluation) and develop an information presentation approach that is focused on conveying data and information visually such that it enhances understanding in intuitive ways for the audience to see and explore. Contractors may want to consider the works of Edward Tufte (www.edwardtufte.com) in preparing proposals that respond to the Government's need to present data-oriented information in an accessible manner. Another possible resource for considering the visual presentation of information is the article "Data Visualization: Modern Approaches" which can be viewed at <http://www.smashingmagazine.com/2007/08/02/data-visualization-modern-approaches/> Or, consider the work of Hans Rosling by viewing his TED Talks at http://www.ted.com/talks/hans_rosling_shows_the_best_stats_you_ve_ever_seen.html.

The Contractor shall meet with the COTR and program staff to obtain background information on the program to be evaluated (e.g., a program theory/logic model, policy or evaluation questions), review these materials, conduct interviews with program staff, review data on program operations, assess current research on the program to be evaluated, which may require development of literature reviews; choose the appropriate/needed evaluation type (e.g., impact or outcome) of programs; develop or revise data collection instruments, prepare and submit Office of Management and Budget (OMB) clearance packages, if required, collect quantitative and/or qualitative data, ensure data quality and conduct ongoing analyses of data and apprise COTR of interesting findings, prepare short reports, topical reports, preliminary findings or other analytical reports for the COTR, and incorporate the COTR's and other program staff's comments in a final report; and provide briefings at request of COTR.

Domain II: STATISTICAL PROJECTS

Sampling Designs and Statistical Methods

The Contractor shall demonstrate expertise in complex sampling and survey design, in weighting, variance estimation, imputation and analyses of complex survey data, and in a wide range of additional statistical methods suitable for the analyses of survey data through direct staff and/or through consultant experts. The Contractor must make available staff and/or consultants, through appropriate logistical arrangements, who can provide advice to the Government in these specialized design and statistical areas—including the reporting requirements under the GPRA Modernization Act of 2010. The contractor shall demonstrate expertise in the establishment, implementation and evaluation of statistical disclosure limitation methods (SDL) for both tabular and micro data for household and establishment surveys. Advice may take the form of a consultation that includes design of a complex survey, design of a complex sampling procedure for a survey, design of compound weights and variance estimation for a survey, design of one or more complex statistical analyses, or some combination of these activities.

Acquiring, Developing, and Managing a Collection of National Data Bases

The Contractor shall identify Federal and/or non-Federal data bases pertinent to the scope of work (e.g., household surveys, facility surveys, employer surveys, census data, health claims databases, surveillance or epidemiological data, etc) that can provide answers to questions posed by the Government (inclusive of aspects of health care reform, parity or GPRA reporting). When such data bases are not available, the Contractor shall have the knowledge and capacity to provide advice on ways such data bases can be developed. This may include building such data bases from other preexisting data bases or recommending new data collections.

The Contractor shall search Federal, State, Local and private sources, as appropriate, for data bases that contain information that can answer the questions posed by the Government. When such data bases are identified, the Contractor shall determine the quality of the data, completeness, accessibility of the data, their costs, use agreements and fees, required security training, etc. Imputations and other methods to correct sampling error should be used as needed. Once the Government has concluded that the data bases are appropriate, the Contractor shall acquire and process them through appropriate logistical arrangements to answer the questions posed by the Government. In some instances, the Contractor shall process information for use by others (e.g., processing Federal information for use by the States).

When a new data collection is required, the Contractor shall perform all tasks associated with preparation of an instrument or questionnaire including the qualitative assessment of instruments, e.g., through focus groups and cognitive testing, including but not limited to preparation of necessary Office of Management and Budget (OMB) clearance packages, sampling design and execution, field data collection and cleanup, and electronic data files and tabular/graphical analyses. The work plan shall specify methods that will be used to collect data, whether on site, (e.g., face-to-face interview, or telephone) or, for large-scale data collections, via the Internet, diskette, or paper forms. The work plan shall define site selection criteria, and potential study sites, and indicate options and relative advantages of different sampling plans. The Contractor shall have the capacity to conduct large scale data collections (e.g., 30,000 – 40,000 behavioral health organizations or 35,000 clients); to collect data through the Internet, via computer-assisted telephone interviews or audio computer-assisted interviews or other electronic means, or on paper forms; to perform complex sampling and weighting procedures for probability samples and adjustment of missing data to account for non-response.

Analyses of National Datasets

The Contractor shall process and analyze Federal and/or non-Federal data sets, through appropriate logistical arrangements, that address the questions posed by the Government; undertake research to determine the quality and characteristics of these data sets; and plan appropriate analyses of the data sets to address specific questions.

The Contractor shall prepare analyses of the data sets in the most economical manner and prepare appropriate frequency, percentage, and rate distributions, or other statistical measures, e.g. variances. Special attention shall

be devoted to economical procedures of data analysis, and contractor shall identify shortcuts and best practices that will reduce costs to the Government when large data sets are analyzed. In some instances, the Contractor may be required to work with weighted data collected through complex sampling designs or to prepare complex analyses (e.g., logistical regression) using these data bases.

The Contractor will comply with all applicable Federal security, confidentiality, and privacy laws. In preparing summary reports, the contractor will work with the COTR to identify the target audience (there may be more than one for each program evaluation) and develop an information design approach that is focused on conveying abstract information in intuitive ways allowing the target audience to see, explore, and understand large amounts of information at once.

Analyses of Complex Quantitative Data

If involved in a survey, the Contractor shall prepare analyses of complex data sets, whether for survey data derived from complex sampling designs or for analysis of cost, service utilization and population distinctions. This will entail the preparation of statistics and their associated variances using the SUDAAN, Westvar, STATA, or other appropriate software. Software shall be provided by the contractor. Such results will also be used to prepare variance curves or design effect tables for inclusion in reports to be provided to users who want to interpret the statistics from a survey. To perform this work successfully, the contractor must have staff and/or consultants with advanced expertise in statistics, econometrics, sampling, weighting, imputations, and variance statistics. The Contractor shall prepare a summary report that integrates findings from the data analysis and literature review, and as required, identify current gaps in knowledge. In preparing summary reports, the contractor will work with the TOO to identify the target audience (there may be more than one for each program evaluation) and develop an information presentation approach that is focused on conveying data and information visually such that it enhances understanding in intuitive ways for the audience to see and explore. Contractors may want to consider the works of Edward Tufte (www.edwardtufte.com) in preparing proposals that respond to the Government's need to present data-oriented information in an accessible manner. Another possible resource for considering the visual presentation of information is the article "Data Visualization: Modern Approaches" which can be viewed at <http://www.smashingmagazine.com/2007/08/02/data-visualization-modern-approaches/> Or, consider the work of Hans Rosling by viewing his TED Talks at http://www.ted.com/talks/hans_rosling_shows_the_best_stats_you_ve_ever_seen.html.

Development, Implementation, and Testing of Quality Tools

The Contractor shall conduct a range of activities and make logistical arrangements with respect to topics identified by the Government from the following areas: clinical and system practice guidelines, outcome measures, population and service report cards, and performance indicator systems. This work may include analyses that address the compilation and reporting of GPRA measures employed by the Centers' programs. These activities shall include a review of current literature and practice; development of structures, processes, measures, criteria, and benchmarks; consultation with key persons and groups (e.g., a panel of experts to discuss, review, and a critique of indicators of substance abuse and other behavioral health related problems); preparation of synoptic reports for target audiences; review of developments in parallel fields; examination of new technology and its potential application to the field; and other tasks that promote the development, testing, implementation, and assessment of quality tools.

The Contractor shall make available direct contract staff and/or consultants who can carry out each of these tasks. The Contractor shall demonstrate both substantive and methodological expertise.

Domain III: HEALTH SYSTEMS ANALYSIS, ECONOMICS, AND FINANCING

Population, System, Organizational, and Financial Analyses

Recent efforts at National, State, Tribal and Local health reform create the need for information, analysis, products and technical assistance to address significant changes in the organization and financing of behavioral healthcare, and to guide and support federal officials, States, Territories and Tribes, tribes, communities,

providers, consumers and private payers on how most effectively and efficiently to use available funding and other resources to meet the prevention, treatment and recovery support needs of Americans with or at risk for mental and substance use disorders. This includes trends in both the public and private sectors which have implications for the following key areas:

- **Payer and financing mechanisms:** health plan and other payer mechanisms and service system design, including use of benefit packages, provider credentialing and networks, service utilization management and consumer cost sharing that can positively and negatively affect the care to those with behavioral health conditions. This includes managed care models of capitation and risk sharing, carve out and care in arrangements, pay for performance and global payments, blending of funding streams, and other emerging effective models.
- **Costs:** determining the costs may include return on investment calculations, medical cost offsets and social costs for the prevention or treatment of behavioral health conditions. Cost to treat different populations or using different types of services may be important to assess, including costs per episode, per member per month or other costs relevant to payer decisions.
- **Financing and design to improve access and services:** service system design to improve access and quality to behavioral health care by addressing financial aspects of the following: effective approaches for outreach and enrollment to those with behavioral health conditions; addressing behavioral health disparities and stigma that limit access; mental illness and substance abuse prevention and early intervention activities, including screening, brief interventions and referral to treatment; bi-directional integration of primary and behavioral health, such as models of health homes and Accountable Care Organizations; consumer directed care, consumer operated services and peer provided services.
- **Financing and system effects of health care reform efforts:** new state, federal laws, regulations, funding and system design choices can have significant affects on financing for services to those with behavioral health conditions which are important to explore. This includes the Mental Health and Addictions Equity Act and the Affordable Care Act, but also state reforms and limitations in Medicaid and/or exchanges and other future health parity reform related financing and system design affecting behavioral health financing.

The Contractor must have the capacity to conduct econometric, statistical, and actuarial analyses with respect to topics identified by SAMHSA including but not limited to health parity reform, financing, organization, and accessing care for those with mental and substance use disorders. Tools used may include estimation and forecasting methods for projections of spending, hot deck and other imputation models, and econometric modeling.

The Contractor shall be knowledgeable of the policy issues in each area of above areas, implications for the range of stakeholders in behavioral health and the state of development of each of the listed areas. The Contractor shall identify both private sector and public sector information currently available on each topic, assess the adequacy of such information; and shall propose and execute analyses to address key issues in each area identified by the Government. To perform this work successfully, the contractor must have substantive knowledge in state as well as federal health parity reform efforts and financing of evidenced based care in behavioral healthcare systems; methodological knowledge of how to conduct qualitative and quantitative analyses; and policy knowledge with respect to how knowledge can be translated into policy options. Such policy knowledge must encompass a detailed understanding of mental health and substance abuse prevention and treatment services, spending, and financing; knowledge of Federal and State policies related to mental health and substance abuse prevention and treatment; and a broad understanding of the U.S. health care system and its trends in practice patterns, spending, and financing.

The contractor should have the capacity to apply their understanding of the behavioral healthcare system and how SAMHSA's strategic initiatives and program resources can further support health parity reform in America. The Contractor should be able to perform meta analyses of the literature and write at a level acceptable for publication in peer reviewed journals.

The Contractor shall have the skills and experience to identify, obtain and analyze large Federal and/or non-Federal data sets with behavioral health information that address topics identified by SAMHSA; undertake health econometric, statistical, and actuarial analysis to plan and implement methodologically strong analyses of the data sets to address specific questions. In some instances, the Contractor may be required to work with weighted data collected through complex sampling designs or to prepare complex analyses using these data bases. The contractor is expected to be knowledgeable and experienced in the use of behavioral health information in survey, claims and provider data sets from Department of Labor, Agency for Health Care Quality and Research, Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and SAMHSA as well as from private sources.

The Contractor should be familiar with these data sets, understand their content, strengths and weaknesses so they may select the best data set or sets for addressing the identified financing questions. Technical capabilities also include a wide array of research techniques for special studies to improve the spending estimates and the ability to present technical materials in written and graphical form to non-technical audiences. In addition to these technical capabilities, policy expertise is necessary. Such knowledge must encompass a detailed understanding of mental health and substance abuse prevention and treatment services, spending, and financing; knowledge of Federal and State policies related to mental health and substance abuse prevention and treatment; and a broad understanding of the U.S. health care system and its trends in practice patterns, spending, and financing.

The Contractor should be able to prepare a variety of special reports integrating financing concerns of the current mental health and substance abuse prevention and treatment literature and trends, highlighting policy relevant findings. These special reports will explore cost, service utilization, special populations or other trends to further refine the spending estimates and to explore the factors that affect the trends in spending.

During the course of the historical projections and estimation work, technical, expert advice may be required on highly specialized health topics relating to these estimates. Such estimates should be performed in a manner consistent with other Federal data, such as the CMS Health Accounts, and utilize a range of health databases. Spending estimates should address National and State behavioral health spending from both public and private payers, in a range of provider groups, and in specialty and primary care settings. Although it is not possible to specify all of the types of specialized consultation that may be necessary during the course of the contract, it is likely that specialized consultation and assistance will be required.

The Contractor should have knowledge of and relationships with leading behavioral health experts in a range of financing issues who may assist. These consultants will be engaged for a specific review of proposed description of the methods and/or other specialized technical consultation related to contract deliverables.

Domain IV: TECHNICAL ASSISTANCE AND TRAINING PROJECTS

SAMHSA frequently provides access to technical assistance (TA) and training to its program grantees to support successful program implementation and enhance program outcomes. In addition, SAMHSA seeks contractors with demonstrated expertise in providing technical assistance to a broad range of audiences in order to serve as a national resource on behavioral health topics. Whomever the audience, SAMHSA's experience has shown that technical assistance is most effective when it targets a specific need, is delivered by a content expert who has developed a collaborative relationship with the TA recipient, is delivered when the expertise is needed and in a manner that is culturally appropriate and accessible.

Technical assistance needs are identified in a variety of ways—SAMHSA-driven based on strategic priorities and objectives and/or programmatic goals, needs assessments, grantee request, State, Tribal Organization, community, school/college/university, individual request, etc. The Contractor will work with the COTR to identify technical assistance needs, identify appropriate resources and respond to requests in a timely manner. Technical assistance and training delivery should take into account the requestor's organizational capacity, stage of program planning or implementation, Federal program requirements, cultural or linguistic factors, and program objectives.

SAMHSA through its many programs and partnerships works to improve understanding of mental and substance use disorders and effective treatments, promote emotional health and prevent substance abuse and mental illness.

SAMHSA's strategic initiatives address trauma, support military families, improve access to culturally competent, high-quality care; develop community, peer, and family support; build information systems; and promote important messages about behavioral health. SAMHSA serves as a key resource to the behavioral health field and to allied partners in behavioral health and may provide technical assistance and training related to a specific program, in support of SAMHSA's eight strategic initiatives (for more information go to <http://store.samhsa.gov/product/SMA11-4629?from=carousel&position=4&date=04192011>); or on other topics that may be identified by SAMHSA. For more information on SAMHSA's Strategic Initiatives go to <http://store.samhsa.gov/product/SMA11-4629?from=carousel&position=4&date=04192011>.

Establish and Maintain a Technical Assistance and Training Program

The Contractor shall establish and maintain a technical assistance (TA) and training program to provide TA and training in one or more of the programmatic areas targeted by SAMHSA. These areas include, but are not limited to: strategic prevention framework, data-driven prevention planning, building community capacity and coalitions, program development and implementation in a variety of service settings, implementation of evidence-based practices, health reform, parity, recovery supports, and other changes in financing or organization of care at national, State, sub-State, and local service delivery systems.

The Contractor shall have the capacity to provide staff or consultants with the expertise to deliver technical assistance or training on a wide variety of topics to a variety of audiences. This will include providing technical assistance and/or training in a culturally appropriate manner and include bilingual trainers and technical assistance specialists. This will also include providing such services to facilitate children and family oriented services, consumer/peer-operated approaches and include consumer/peer trainers and technical assistance specialists.

Technical assistance and training may be provided by experts to SAMHSA grantees, representatives from public and private purchasers and consumers of services, including families and their children, individuals in recovery, public health agencies, national organizations, providers, employer organizations, accreditation associations, the managed care industry, researchers, evaluators, business, and labor organizations, advocates and other substance abuse and mental health constituency groups, State, Territory, jurisdiction, sub State (e.g., county), and local government officials, Tribal government representatives, representatives from Federal agencies, schools and colleges and universities, and others. For recipients of Medicaid and Medicare and other Federal and State funded services this may include community organizations, churches and the faith community, or early care and learning centers for children.

Develop Technical Assistance and Training Materials and Mechanisms

The Contractor shall ascertain gaps in existing training initiatives that address mental health, substance abuse and other behavioral and physical health problems and linkages between them and identify potential audiences for training.

The Contractor shall identify and review curricula and its suitability for use as a web-based training course and develop a plan for modifying existing curricula for suitability as a web-based course. The Contractor shall develop or adapt training materials and mechanisms using advanced methodology and technology. In addition, the COTR may direct the contractor to provide topic specific training. This may include on-site training and/or developing rapidly produced on-line and web-based tutorials and training courses for a wide range of prevention and treatment—including recovery supports—problems and activities, implementation of new health care reform or parity laws or regulations, needs assessment, program planning, selection of evidence-based practices, adaptation or translation of evidence-based practices, sustaining program activities, principles and outcomes, consumer/peer-peer operated services, managed care, health homes and other bi-directional integration efforts of primary and behavioral health care, cultural competence, assistance to military families, Accountable Care Organizations, and other approaches to addressing health disparities, culturally based interventions, and trauma induced health problems; performance and other quality measurement, program and services evaluation, new models in financing care such as pay for performance, etc. All training and technical assistance products must comply with section 508 of the American's with Disabilities Act.

The Contractor will be responsible for preparing the required concept and content clearance forms for any materials developed. The COTR will be responsible for submitting to the Office of Communications for clearance. If the Contractor develops products without the appropriate clearance, all associated costs may be classified as unallowable.

Provide Technical Assistance and Training

The Contractor shall provide technical assistance through a variety of mechanisms that may include: training at geographically distant consumer sites; at regional or national meetings; providing expert consultants or staff to deliver workshops, training at leadership institutes and policy academies; or through webinars, podcasts, teleconferences and other social media vehicles in order to deliver technical assistance and training while minimizing costs. The Contractor shall utilize multi disciplinary teams to provide technical assistance and training, Training of Trainers (TOT), State-to-State, provider-to-provider, peer-to-peer, etc. Technical assistance and training may be provided simultaneously to multiple programs or sites or may be individualized to a particular organization, grantee or program.

Technical Assistance Support

The Contractor shall have the capacity to receive requests for technical assistance via telephone, letter, or e-mail and have the capacity to secure or develop appropriate resources including training protocols developed by others, expert staff or consultants deliver TA and training through a variety of medium mentioned above; and arrange logistics for staff, consultant or participant travel.

The Contractor should work with the COTR to develop a process to track TA and training requests, triage them, assign appropriate resources, seek and receive approval from COTR and analyze by types of request and other possible factors. The process should have the ability to measure time at each process step and estimate cost of episode of TA by type, delivery method, content area, etc.

Domain V: EVENT PLANNING AND LOGISTICS (SET-ASIDE for 8(a) and SDVOB)

The Contractor shall perform a range of activities in support of planning and implementing the programmatic events of SAMHSA. These activities shall include: consultation with the COTR regarding attendees, sites, dates, agendas, preparation of meeting/event materials. The Contractor shall arrange travel, hotel accommodations, and reimbursement of per diem for travelers attending each event. The Contractor should have the ability to reimburse participants for travel costs or, for some events, pay for room blocks. The Contractor should have the capability and propose procedures for handling travel advances for participants who may have financial limitations and would be unable to attend events if they had to pay and wait for reimbursement. The Contractor should have the capacity to propose, support, and/or implement “green” strategies for meeting/event management to further enhance the Government’s efforts to reduce its carbon footprint.

Event Planning

- The Contractor shall meet with the COTR to obtain relevant background information, review the Task Order requirements, and identify any problem areas.
- The Contractor, in conjunction with the COTR shall identify appropriate pre-meeting materials and produce a planning document.
- The Contractor shall arrange for any planning meetings with the principal meeting organizers.
- If appropriate, the Contractor shall convene an expert panel with members approved by the COTR, to help plan the meeting.
- The Contractor shall select a site to be approved by the COTR.

Pre-Event Logistics

- The Contractor shall negotiate and implement a contract to obtain quality meeting space, and if necessary, lodging and other related services. All lodging and per diem shall be contracted at rates in accordance with Federal Travel Regulations.
- Arranging for services such as audio-visual, telecommunications, computer, and recording equipment, including interpreter services as needed, along with supplies such as easels, pointers, notepads, etc., for meeting speakers and participants. The Government shall not provide any funds for food and beverages unless an approved food waiver has been granted prior to the event occurring and the contractor has received approval from the Contracting Officer.
- The Contractor shall prepare and distribute pre-registration materials to participants.
- The Contractor shall develop a final list of meeting participants and attendees and produce and distribute all meeting announcements and materials.
- The Contractor will coordinate with the COTR to identify and select speakers. With the approval of the COTR, the Contractor shall invite and confirm meeting speakers, arrange for their travel, and draft and distribute any required briefing materials/presentations typically developed by the speaker.
- The Contractor may also be required to identify and provide qualified expert consultants, meeting facilitators or trainers to maximize attainment of meeting goals. All consultants shall be approved by the COTR prior to confirmation. Contractor will be responsible for negotiating the consulting agreement and reimbursing honorarium at a rate no higher than \$500 per day.
- Arrange for participant travel. Air travel must be arranged early enough in advance of the meeting to take advantage of low and/or discounted air fares, unless an emergency situation arises. The Contractor shall have the capability to make arrangements for programmatic events ranging in size from 5-10 participants to 500 participants.
- The Contractor shall coordinate meeting registration which may include development of advance registration procedures, including web-based registration.
- The Contractor shall develop all conference materials, including announcements, agenda, participant information packets, name badges, evaluation forms, etc. If required, the Contractor shall prepare electronic images, projector slide images, or paper/transparency copies. The Contractor shall prepare the product layouts in either a text or graphic format (e.g., charts, lists, graphs, drawings). Multiple colors or black and white shall be utilized as required by the Task Order. The Contractor shall convert information provided by the COTR into electronic images (e.g., Power Point for Windows files), slides, or transparencies. The Contractor shall prepare camera-ready copy and produce additional copies as required for each presentation. All products must comply with section 508 of the Americans with Disabilities Act.

Onsite Logistics

- The Contractor shall maintain contact with representatives at the meeting site to ensure smooth operation. The Contractor shall provide onsite event support which may include staffing a registration booth(s) at the meeting site to assist participants and attendees, resolve issues with the facilities, coordinate with vendors, caterers, hotel staff, etc.
- The Contractor shall resolve participant travel concerns related to transportation, lodging facilities, reimbursement procedures, etc.
- Handle onsite materials management for resource booths/fairs, breakout sessions, poster sessions, etc.

Post-Event Logistics

The Contractor shall provide post meeting services, including:

- Providing reimbursement forms and instructions to participants, speakers and consultants and reimbursing allowable expenses in accordance with the FAR and Federal Travel Regulations
- Drafting and finalizing documents as they pertain to transcribing or summarizing meeting proceedings

- Distributing conference or meeting materials via email, conference website, CD/DVD or USB drive, or other forms approved by the COTR
- Support for post-event follow-up with participants when appropriate (e.g., establishing ongoing learning groups, communities of practice, etc.
- Drafting and, upon approval of COTR, mailing of thank you letters to the meeting speakers and presenters.
- Preparing and submitting accurate invoices, evaluation form results, reports and providing supplemental detail as required by the COTR.