



January 19, 2011

RE: Pennsylvania Department of Health RFP #67-1

Dear Potential Offeror:

You are invited to submit a proposal for Evaluation of Cancer Prevention and Control and other Chronic Disease Programs in accordance with the enclosed Request for Proposal (RFP) #67-1. Proposals are restricted to Pennsylvania-based organizations.

Prospective offerors are required to submit a Letter of Intent that includes the following information: 1) name of offerors or organization; 2) name, address and telephone number for the lead contact person for the proposed application; and 3) the number and title of this funding opportunity.

Offerors who do not submit the mandatory Letter of Intent will have their proposals returned to them. The Letter of Intent does not enter into the review of a subsequent application. However the information that it contains allows the Department staff to estimate the potential review workload and allocate sufficient resources for review of the proposals received. The Letter of Intent must be mailed to Pennsylvania Department of Health, Bureau of Administrative and Financial Services, Division of Contracts, Room 824, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120-0701. The Letter of Intent must be submitted on or before February 2, 2011.

All proposals must be submitted in **12** copies to the Pennsylvania Department of Health, Bureau of Administrative and Financial Services, Room 824, Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120. Proposals must be received at the above address no later than **2:30 PM, Wednesday, March 23, 2011**. Late proposals will not be considered regardless of the reason.

All questions must be submitted by e-mail (with subject line "RFP#67-1 Question") to Donna Flickinger, RFP Project Officer, at donflickinger@state.pa.us no later than February 2, 2011. All Offerors will be provided with answers to questions asked by any one Offeror.

In addition, a preproposal conference will be held on February 16, 2011 at 1:00 PM in Room 328, Health and Welfare Building, Harrisburg. Since facilities are limited, it is requested that you limit your representation to two.

Sincerely,

Terri A. Matio
Director
Bureau of Administrative and Financial Services

Enclosure:
Request for Proposal

REQUEST FOR PROPOSALS FOR

Evaluation of Cancer Prevention and Control and other Chronic Disease Programs

ISSUING OFFICE

Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
Room 824, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120-0701
FAX: 717-783-3794

RFP NUMBER

67-1

DATE OF ISSURANCE

January 19, 2011

REQUEST FOR PROPOSALS FOR

Evaluation of Cancer Prevention and Control and other Chronic Disease Programs RFP # 67-1

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APPENDIX A, Certifications (Rev. 4/07)

APPENDIX B, Payment Provisions (Rev. 6/09) and its Attachment 1. Attachment 1 (Invoice) is incorporated by reference and is available at the following Internet address:

http://www.dsf.health.state.pa.us/health/lib/health/financial/Appendix_B_-_Payment_Provisions_Invoice_%286-09%29.xls

APPENDIX C, Budget: A preformatted downloadable budget is available at the following internet address: www.emarketplace.state.pa.us/Search.aspx. Enter the RFP number and go to the related solicitation file section to download the budget. A sample 6 year budget is attached for reference purposes.

APPENDIX D, Standard Contract Terms and Conditions - SAP (Rev. 12/17/07)

APPENDIX E, Additional Contract Terms and Conditions (Rev. 11/10)

APPENDIX F, Audit Requirements (Rev. 8/09)

APPENDIX G, Pro Children Act of 1994 (Rev. 12/05)

APPENDIX H, Commonwealth Travel and Subsistence Rates (Rev. 7/07)

APPENDIX I, Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 3/09)

APPENDIX J, Right To Know Law – Contract Provisions (Rev. 2/1/10)

APPENDIX K, Lobbying Certification Form (Rev. 12/05)

APPENDIX L, Domestic Workforce Utilization Certification

APPENDIX M, Nondiscrimination/Sexual Harassment Clause (Contracts)

Replaces paragraph 22 of Appendix D, Standard Contract Terms and Conditions – SAP (Rev. 12/17/07) above.

APPENDIX N, Contractor Integrity Provisions (Rev. 7/30/10)

Replaces paragraph 23 of Appendix D, Standard Contract Terms and Conditions – SAP (Rev. 12/17/07) above.

APPENDIX O, Contractor Responsibility Provisions Replaces paragraph 24 of

Appendix D, Standard Contract Terms and Conditions SAP (Rev. 12/17/07)
above.

APPENDIX P, Commonwealth of Pennsylvania Business Associate Appendix and its
Attachment 1 (Rev. 9/10)

APPENDIX Q, Proposal Cover Sheet

APPENDIX R, DOH Administrator Training Manual

APPENDIX S, Generic Cancer Education Logic Model

APPENDIX T, Pennsylvania Cancer Education Network Map

APPENDIX U, PCEN Cancer Education Module

APPENDIX V, PCEN Six-Month Follow-Up Sampling Protocol

APPENDIX W, Offeror Response to Company Qualifications

APPENDIX X, WISEWOMAN Program Evaluation Plan Template

APPENDIX Y, CDC WISEWOMAN Program Evaluation Overview

CALENDAR OF EVENTS

The Commonwealth will make every effort to adhere to the following schedule:

Activity	Responsibility	Date
Deadline to submit Questions via email to Donna Flickinger at donflickin@state.pa.us	Potential Offerors	February 2, 2011
Deadline to submit mandatory Letter of Intent to Donna Flickinger at donflickin@state.pa.us	Potential Offerors	February 2, 2011
Preproposal Conference—Room 328, Health & Welfare Building, 625 Forster Street, Harrisburg, PA.	Issuing Office/Potential Offerors	February 16, 2011 1:00 p.m.
Answers to Potential Offeror questions posted to the DGS website (http://www.dgsweb.state.pa.us/RTA/Search.aspx) no later than this date.	Issuing Office	February 24, 2011
Please monitor website for all communications regarding the RFP.	Potential Offerors	
Sealed proposal must be received by the Issuing Office at Pennsylvania Department of Health Bureau of Administrative and Financial Services Division of Contracts Room 824, Health and Welfare Building 625 Forster Street Harrisburg, Pennsylvania 17120-0701	Offerors	March 23, 2011 2:30 p.m.

PART I

GENERAL INFORMATION FOR CONTRACTORS

I-1. Purpose. This request for proposals (RFP) provides to those interested in submitting proposals for the subject procurement ("Offerors") sufficient information to enable them to prepare and submit proposals for the Department of Health's ("Department's") consideration on behalf of the Commonwealth of Pennsylvania ("Commonwealth") to satisfy a need for Evaluation of Cancer Prevention and Control and other Chronic Disease Programs ("Project") for the Pennsylvania Cancer Education Network (PCEN), WISEWOMAN Program, the Colorectal Cancer Control Program, Comprehensive Cancer Control Program Plan, and other cancers as directed by the Department, and comprehensive cancer control efforts in Pennsylvania. The Offeror shall submit an application that addresses all four program components.

I-2. Issuing Office. This RFP is issued for the Commonwealth by the Department of Health's Bureau of Administrative and Financial Services on behalf of the Bureau of Health Promotion and Risk Reduction.

The RFP Project Officer is the sole point of contact in the Department for this RFP. Offerors must direct all inquiries concerning this RFP in writing to the RFP Project Officer. The RFP Project Officer for this RFP is:

Donna Flickinger
Department of Health
Bureau of Health Promotion and Risk Reduction
Room 1011, Health and Welfare Building
625 Forster Street,
Harrisburg, Pennsylvania 17120
donflickin@state.pa.us

I-3. Scope. This RFP contains instructions governing the requested proposals, including the requirements for the information and material to be included; a description of the service to be provided; requirements which Offerors must meet to be eligible for consideration; general evaluation criteria; and other requirements specific to this RFP.

I-4. Problem Statement.

Component 1 – Pennsylvania Cancer Education Network (PCEN): The most recent health statistics (2006) identify colorectal, ovarian, prostate and melanoma of the skin cancers accounting for approximately 30 percent of invasive cancers diagnosed in Pennsylvania. In 2005, the Department of Health established the PCEN to provide residents access to evidence-informed, community-based cancer education. The goal of the PCEN is to reduce the number of people who are diagnosed with late stage cancer, and ultimately reduce the number of deaths from colorectal, ovarian, prostate and skin cancers in Pennsylvania. The PCEN has been designed and evaluated as effective in achieving short-term outcomes by increasing participants' cancer knowledge, decreasing fears that cancer screening is painful or embarrassing and increasing intention to be screened.

Many of the risk factors associated with cancer – including tobacco use, poor nutrition, lack of physical activity, obesity and alcohol consumption – are also associated with other chronic illnesses, such as heart disease, stroke, and diabetes. The associated risk factors makes it important to integrate across program lines to create larger projects with greater potential for impact, save administrative time, and reinforce chronic disease messages impacting the same target audience using a root cause approach.

Component 2 – Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN): WISEWOMAN is a national program, funded by the Centers for Disease Control and Prevention (CDC), to assist low-income, uninsured and under-insured women, ages 40-64, reduce their risk for heart disease, stroke, and other chronic diseases. Heart disease and stroke are the leading and third leading

causes of death in Pennsylvania, respectively. These leading killers are associated with the modifiable risk factors of nutrition, physical activity, tobacco use, and diabetes. WISEWOMAN works by adding cardiovascular screening, medical referral, and lifestyle interventions to breast and cervical cancer screening services provided by state Breast and Cervical Cancer Early Detection Programs (HealthyWoman Program in Pennsylvania). The WISEWOMAN program offers screening services including blood pressure, cholesterol, glucose, waist-to-hip ratio and body mass index. Clients with immediate medical needs are referred for appropriate medical care and provided assistance with low cost or free medications. Women who meet have medical clearance are offered lifestyle interventions designed to help reduce the risk for cardiovascular disease.

The successful Offeror will be able to conduct comprehensive evaluations of program management, screening services, lifestyle interventions, partnerships, program fidelity, quality assurance (including record review and site audit), and / or other areas as determined by the CDC or the Department. The successful Offeror will work with the Department to develop and implement solutions to issues raised during the evaluation. The successful Offeror must assure confidentiality of all client screening data used or observed as part of the evaluation process.

Component 3 – Colorectal Cancer Control Program: The purpose of the Colorectal Cancer Control Program is to contribute towards increasing population-level colorectal cancer (CRC) screening rates, and reducing health disparities in colorectal cancer screening, incidence, and mortality. The Program objectives are to: 1) influence system and policy changes that will positively impact the proportion of adults, with or without health insurance coverage, who receive a colorectal cancer screening examination at the recommended intervals; 2) provide education to the public and to healthcare providers about colorectal cancer prevention and the importance of screening; and 3) establish and integrate evidence-based colorectal cancer screening programs within existing CDC screening programs (Pennsylvania HealthyWoman Program) in order to increase population-based CRC screening among persons 50-64 years of age, focusing on asymptomatic persons at average risk for CRC with low incomes (200% of the Federal Poverty Guidelines) and inadequate or no health insurance coverage for CRC screening. Using data from national standards which include, but are not limited to, the Behavioral Risk Factor Surveillance System (BRFSS), Healthcare Effectiveness Data and Information Set (HEDIS), and National Program of Cancer Registries (NPCR), the CDC wants to increase CRC screening rates to 80% nationwide by the year 2014.

The successful Offeror will conduct an independent analysis of the Department's contractors, work with the Department to develop or revise performance measures for contractors as they implement practice-based quality improvement for colorectal cancer screening and evaluate the outcomes to determine if goals and objectives have been attained.

Component 4 – Comprehensive Cancer Control Plan: The purpose of the this evaluation is to conduct a comprehensive, scientifically rigorous, evaluation of comprehensive cancer control (CCC) implementation efforts statewide across the continuum of care which includes prevention and early detection, education and screening, treatment, and quality of life. Organizations and communities work independently or collaboratively to implement programs that contribute to the accomplishment of Plan goals and objectives and ultimately to reduce the burden of cancer.

Evaluating statewide CCC efforts is critical to understanding the accomplishments made by communities and organizations in implementing programs that address plan goals and objectives, identify accomplishments and its impact to reduce the burden of cancer, and reflect on emerging needs and issues in cancer prevention, detection, and care.

The successful Offeror will conduct an independent analysis of organizations implementation efforts across the continuum of cancer care to determine outcomes and achievement of Pennsylvania's Comprehensive Cancer Control Plan goals and objectives.

Additional detail for each component is provided in **Part IV** of this RFP.

I-5. Type of Contract. It is proposed that if the Issuing Office enters into a contract as a result of this RFP, it will be a maximum price, cost reimbursement contract containing the Standard Contract Terms and Conditions as shown in **Appendix D** and available at <http://www.dgs.state.pa.us>. The Issuing Office, in its sole discretion, may undertake negotiations with Offerors whose proposals, in the judgment of the Issuing Office, show them to be qualified, responsible and capable of performing the Project.

I-6. Rejection of Proposals. The Issuing Office reserves the right, in its sole and complete discretion, to reject any proposal received as a result of this RFP.

I-7. Incurring Costs. The Issuing Office is not liable for any costs the Offeror incurs in preparation and submission of its proposal, in participating in the RFP process or in anticipation of award of the contract.

I-8. Pre-proposal Conference. The Issuing Office will hold a Pre-proposal conference as specified in the Calendar of Events. The purpose of this conference is to provide opportunity for clarification of the RFP. Offerors should forward all questions to the RFP Project Officer in accordance with **Part I, Section I-9** to ensure adequate time for analysis before the Department provides an answer. Offerors may also ask questions at the conference. In view of the limited facilities available for the conference, Offerors should limit their representation to two individuals per Offeror. The Pre-proposal conference is for information only. Any answers furnished during the conference will not be official until they have been verified, in writing, by the Issuing Office. All questions and written answers will be posted on the Department of General Services' (DGS) website as an addendum to, and shall become part of, this RFP. Attendance at the Pre-proposal Conference is optional.

I-9. Questions & Answers. If an Offeror has any questions regarding this RFP, the Offeror must submit the questions by email (**with the subject line "RFP 67-1 Question"**) to the RFP Project Officer named in **Part I, Section I-2** of the RFP. If the Offeror has questions, they must be submitted via email **no later than** the date indicated on the Calendar of Events. The Offeror shall not attempt to contact the RFP Project Officer by any other means. The Department shall post the answers to the questions on the DGS website by the date stated on the Calendar of Events. An Offeror who submits a question *after* the deadline date for receipt of questions indicated on the Calendar of Events assumes the risk that its proposal will not be responsive or competitive because the Commonwealth is not able to respond before the proposal receipt date or in sufficient time for the Offeror to prepare a responsive or competitive proposal. When submitted after the deadline date for receipt of questions indicated on the Calendar of Events, the Department *may* respond to questions of an administrative nature by directing the questioning Offeror to specific provisions in the RFP. To the extent that the Department decides to respond to a non-administrative question *after* the deadline date for receipt of questions indicated on the Calendar of Events, the answer must be provided to all Offerors through an addendum.

All questions and responses as posted on the DGS website are considered as an addendum to, and part of, this RFP in accordance with RFP **Part I, Section I-10**. Each Offeror shall be responsible to monitor the DGS website for new or revised RFP information. The Department shall not be bound by any verbal information nor shall it be bound by any written information that is not either contained within the RFP or formally issued as an addendum by the Issuing Office. The Department does not consider questions to be a protest of the specifications or of the solicitation. The required protest process for Commonwealth procurements is described on the DGS website.

I-10. Addenda to the RFP. If the Issuing Office deems it necessary to revise any part of this RFP before the proposal response date, the Issuing Office will post an addendum to the DGS website at <http://www.dgsweb.state.pa.us/RTA/Search.aspx>. It is the Offeror's responsibility to periodically check the website for any new information or addenda to the RFP. Answers to the questions asked during the Questions & Answers period also will be posted to the website as an addendum to the RFP.

I-11. Response Date. To be considered for selection, hard copies of proposals must arrive at the Issuing Office on or before the time and date specified in the RFP Calendar of Events. The Issuing Office

will **not** accept proposals via email or facsimile transmission. Offerors who send proposals by mail or other delivery service should allow sufficient delivery time to ensure timely receipt of their proposals. If, due to inclement weather, natural disaster, or any other cause, the Commonwealth office location to which proposals are to be returned is closed on the proposal response date, the deadline for submission will be automatically extended until the next Commonwealth business day on which the office is open, unless the Issuing Office otherwise notifies Offerors. The hour for submission of proposals shall remain the same. The Issuing Office will reject, unopened, any late proposals.

I-12. Proposals. To be considered, Offerors should submit a complete response to this RFP to the Issuing Office, using the format provided in **Part II**, providing **one original and eleven paper copies of the Technical Submittal and one (1) paper copy of the Cost Submittal and two (2) paper copies of the Disadvantaged Business Submittal**. In addition to the paper copies of the proposal, Offerors shall submit two **complete and exact** copies of the entire proposal (Technical, Cost and Disadvantaged Business Submittals, along with all requested documents) on CD-ROM or Flash drive in Microsoft Office or Microsoft Office-compatible format. The electronic copy must be a mirror image of the paper copy and any spreadsheets must be in Microsoft Excel. The Offerors may not lock or protect any cells or tabs. Offerors should ensure that there is no costing information in the technical submittal. Offerors should not reiterate technical information in the cost submittal. The CD or Flash drive should clearly identify the Offeror and include the name and version number of the virus scanning software that was used to scan the CD or Flash drive before it was submitted. The Offeror shall make no other distribution of its proposal to any other Offeror or Commonwealth official or Commonwealth consultant. Each proposal page should be numbered for ease of reference. An official authorized to bind the Offeror to its provisions must sign the proposal. If the official signs the Proposal Cover Sheet (Appendix Q to this RFP) and the Proposal Cover Sheet is attached to the Offeror's proposal, the requirement will be met. For this RFP, the proposal must remain valid for 120 days or until a contract is fully executed, whichever is later. If the Issuing Office selects the Offeror's proposal for award, the contents of the selected Offeror's proposal will become, except to the extent the contents are changed through Best and Final Offers or negotiations, contractual obligations.

Each Offeror submitting a proposal specifically waives any right to withdraw or modify it, except that the Offeror may withdraw its proposal by written notice received at the Issuing Office's address for proposal delivery prior to the exact hour and date specified for proposal receipt. An Offeror or its authorized representative may withdraw its proposal in person prior to the exact hour and date set for proposal receipt, provided the withdrawing person provides appropriate identification and signs a receipt for the proposal. An Offeror may modify its submitted proposal prior to the exact hour and date set for proposal receipt only by submitting a new sealed proposal or sealed modification which complies with the RFP requirements.

I-13. Disadvantaged Business Information. The Issuing Office encourages participation by small disadvantaged businesses as prime contractors, joint ventures and subcontractors/suppliers and by socially disadvantaged businesses as prime contractors.

Small Disadvantaged Businesses are small businesses that are owned or controlled by a majority of persons, not limited to members of minority groups, who have been deprived of the opportunity to develop and maintain a competitive position in the economy because of social disadvantages. The term includes:

- A. Department of General Services Bureau of Minority and Women Business Opportunities (BMWBO)-certified minority business enterprises (MBEs) and women business enterprises (WBEs) that qualify as small businesses; and
- B. United States Small Business Administration certified 8(a) small disadvantaged business concerns.
- C. Businesses that BMWBO determines meet the Small Business Administration criteria for designation as a small disadvantaged business.

Small businesses are businesses in the United States which are independently owned, are not dominant in their field of operation, employ no more than 100 full time or full-time equivalent employees, and earn less than \$20 million in gross annual revenues (\$25 million in gross annual revenues for those businesses in the information technology sales or service business).

Socially disadvantaged businesses are businesses in the United States that BMWBO determines are owned or controlled by a majority of persons, not limited to members of minority groups, who are subject to racial or ethnic prejudice or cultural bias, but which do not qualify as small businesses. In order for a business to qualify as "socially disadvantaged," the Offeror must include in its proposal clear and convincing evidence to establish that the business has personally suffered racial or ethnic prejudice or cultural bias stemming from the business person's color, ethnic origin or gender.

Questions regarding this Program can be directed to:

Department of General Services
Bureau of Minority and Women Business Opportunities
Room 611, North Office Building
Harrisburg, PA 17125
Phone: (717) 783-3119
Fax: (717) 787-7052
Email: gs-bmwbo@state.pa.us
Website: www.dqs.state.pa.us

A database of BMWBO-certified minority- and women-owned businesses can be accessed at <http://www.dgsweb.state.pa.us/mbewbe/VendorSearch.aspx>. The federal vendor database can be accessed at <http://www.ccr.gov> by clicking on *Dynamic Small Business Search* (certified companies are so indicated).

I-14. Information Concerning Small Businesses in Enterprise Zones. The Issuing Office encourages participation by small businesses, whose primary or headquarters facility is physically located in areas the Commonwealth has identified as *Designated Enterprise Zones*, as prime contractors, joint ventures and subcontractors/suppliers.

The definition of headquarters includes, but is not limited to, an office or location that is the administrative center of a business or enterprise where most of the important functions of the business are conducted or concentrated and location where employees are conducting the business of the company on a regular and routine basis so as to contribute to the economic development of the geographical area in which the office or business is geographically located.

Small businesses are businesses in the United States which are independently owned, are not dominant in their field of operation, employ no more than 100 full time or full-time equivalent employees, and earn less than \$20 million in gross annual revenues (\$25 million in gross annual revenues for those businesses in the information technology sales or service business).

There is no database or directory of small businesses located in Designated Enterprise Zones. Information on the location of *Designated Enterprise Zones* can be obtained by contacting:

Aldona M. Kartorie
Center for Community Building
PA Department of Community and Economic Development
4th Floor, Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120-0225
Phone: (717) 720-7409
Fax: (717) 787-4088
Email: akartorie@state.pa.us

I-15. Economy of Preparation. Offerors should prepare proposals simply and economically, providing a straightforward, concise description of the Offeror's experience to meet the requirements of the RFP. The technical component submittal must not exceed a total of 55 pages for all four components: maximum of 20 pages for PCEN; maximum of 10 pages for WISEWOMAN; maximum of 10 pages for the Colorectal Cancer Control Program; and maximum of 15 pages for the Comprehensive Cancer Control Plan. Attachments to the application will not count toward the page limit.

I-16. Alternate Proposals. The Issuing Office has identified the basic approach to meeting its requirements, allowing Offerors to be creative and propose their best solution to meeting these requirements. The Issuing Office will not accept alternate proposals.

I-17. Discussions for Clarification. Offerors may be required to make an oral or written clarification of their proposals to the Issuing Office to ensure thorough mutual understanding and Offeror responsiveness to the solicitation requirements. The Issuing Office will initiate requests for clarification.

I-18. Prime Contractor Responsibilities. The contract will require the selected Offeror to assume responsibility for all services offered in its proposal whether it produces them itself or by subcontract. The Issuing Office will consider the selected Offeror to be the sole point of contact with regard to contractual matters.

I-19. Proposal Contents.

A. Confidential Information. The Commonwealth is not requesting, and does not require, confidential proprietary information or trade secrets to be included as part of Offerors' submissions in order to evaluate proposals submitted in response to this RFP. Accordingly, except as provided herein, Offerors should not label proposal submissions as confidential or proprietary or trade secret protected. Any Offeror who determines that it must divulge such information as part of its proposal must submit the signed written statement described in subsection c. below and must additionally provide a redacted version of its proposal, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.

B. Commonwealth Use. All material submitted with the proposal shall be considered the property of the Commonwealth of Pennsylvania and may be returned only at the Issuing Office's option. The Commonwealth has the right to use any or all ideas not protected by intellectual property rights that are presented in any proposal regardless of whether the proposal becomes part of a contract. Notwithstanding any Offeror copyright designations contained on proposals, the Commonwealth shall have the right to make copies and distribute proposals internally and to comply with public record or other disclosure requirements under the provisions of any Commonwealth or United States statute or regulation, or rule or order of any court of competent jurisdiction.

C. Public Disclosure. After the award of a contract pursuant to this RFP, all proposal submissions are subject to disclosure in response to a request for public records made under the Pennsylvania Right-to-Know-Law, 65 P.S. § 67.101, et seq. If a proposal submission contains confidential proprietary information or trade secrets, a signed written statement to this effect must be provided with the submission in accordance with 65 P.S. § 67.707(b) for the information to be considered exempt under 65 P.S. § 67.708(b)(11) from public records requests. Financial capability information submitted in response to Part II, Section II-7 of this RFP is exempt from public records disclosure under 65 P.S. § 67.708(b)(26).

I-20. Best and Final Offers. While not required, the Issuing Office reserves the right to conduct discussions with Offerors for the purpose of obtaining "best and final offers." To obtain best and final offers from Offerors, the Issuing Office may do one or more of the following:

A. Schedule oral presentations;

- B. Request revised proposals; and
- C. Enter into pre-selection negotiations, including the use of an online auction.

The Department will limit any discussions to responsible Offerors (those that have submitted responsive proposals and possess the capability to fully perform the contract requirements in all respects and the integrity and reliability to assure good faith performance) whose proposals the Department has determined to be reasonably susceptible of being selected for award. The Criteria for Selection found in **Part III, Section III-4**, shall also be used to evaluate the best and final offers. Price reductions offered through any reverse online auction shall have no effect upon the Offeror's Technical Submittal. Dollar commitments to Disadvantaged Businesses and Enterprise Zone Small Businesses can be reduced only in the same percentage as the percent reduction in the total price offered through negotiations, including the online auction.

I-21. News Releases. Offerors shall not issue news releases, Internet postings, advertisements or any other public communications pertaining to this Project without prior written approval of the Department, and then only in coordination with the Department.

I-22. Restriction of Contact. From the issue date of this RFP until the Department selects a proposal for award, the RFP Project Officer is the sole point of contact concerning this RFP. Any violation of this condition may be cause for the Department to reject the offending Offeror's proposal. If the Department later discovers that the Offeror has engaged in any violations of this condition, the Department may reject the offending Offeror's proposal or rescind its contract award. Offerors must agree not to distribute any part of their proposals beyond the Department. An Offeror who shares information contained in its proposal with other Commonwealth personnel and/or competing Offeror personnel may be disqualified.

I-23. Debriefing Conferences. Offerors whose proposals are not selected will be notified of the name of the selected Offeror and given the opportunity to be debriefed. The Department will schedule the time and location of the debriefing. The debriefing will not compare the Offeror with other Offerors, other than the position of the Offeror's proposal in relation to all other Offeror proposals. An Offeror's exercise of the opportunity to be debriefed does not constitute the filing of a protest.

I-24. Department Participation. Offerors shall provide all services, supplies, facilities, and other support necessary to complete the identified work, except as otherwise provided in this **Part I, Section I-24**. The Department will assign one project officer to provide contract oversight and monitoring. The Department will not provide any type of logistical support to the contractor for this contract.

I-25. Term of Contract. The term of the contract will commence on the Effective Date and will end on June 30, 2016. The Issuing Office will fix the Effective Date after the contract has been fully executed by the selected Offeror and by the Commonwealth and all approvals required by Commonwealth contracting procedures have been obtained. The selected Offeror shall not start the performance of any work prior to the Effective Date of the contract and the Commonwealth shall not be liable to pay the selected Offeror for any service or work performed or expenses incurred before the Effective Date of the contract.

I-26. Offeror's Representations and Authorizations. By submitting its proposal, each Offeror understands, represents, and acknowledges that:

- A. All of the Offeror's information and representations in the proposal are material and important, and the Department may rely upon the contents of the proposal in awarding the contract(s). The Commonwealth shall treat any misstatement, omission or misrepresentation as fraudulent concealment of the true facts relating to the Proposal submission, punishable pursuant to 18 Pa. C.S. § 4904.

- B. The Offeror has arrived at the price(s) and amounts in its proposal independently and without consultation, communication, or agreement with any other Offeror or potential Offeror.
- C. The Offeror has not disclosed the price(s), the amount of the proposal, nor the approximate price(s) or amount(s) of its proposal to any other firm or person who is an Offeror or potential Offeror for this RFP, and the Offeror shall not disclose any of these items on or before the proposal submission deadline specified in the Calendar of Events of this RFP.
- D. The Offeror has not attempted, nor will it attempt, to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.
- E. The Offeror makes its proposal in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
- F. To the best knowledge of the person signing the proposal for the Offeror, the Offeror, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last **four** years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as the Offeror has disclosed in its proposal.
- G. To the best of the knowledge of the person signing the proposal for the Offeror and except as the Offeror has otherwise disclosed in its proposal, the Offeror has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Offeror that is owed to the Commonwealth.
- H. The Offeror is not currently under suspension or debarment by the Commonwealth, any other state or the federal government, and if the Offeror cannot so certify, then it shall submit along with its proposal a written explanation of why it cannot make such certification.
- I. The Offeror has not made, under separate contract with the Department, any recommendations to the Department concerning the need for the services described in its proposal or the specifications for the services described in the proposal.
- J. Each Offeror, by submitting its proposal, authorizes Commonwealth agencies to release to the Commonwealth information concerning the Offeror's Pennsylvania taxes, unemployment compensation and workers' compensation liabilities.
- K. Until the selected Offeror receives a fully executed and approved written contract from the Department, there is no legal and valid contract, in law or in equity, and the Offeror shall not begin to perform.

I-27. Notification of Selection. The Issuing Office will notify the selected Offeror in writing of its selection for negotiation after the Issuing Office has determined, taking into consideration all of the evaluation factors, the proposal that is the most advantageous to the Issuing Office

I-28. RFP Protest Procedure. The RFP Protest Procedure is on the DGS website at <http://www.dgsweb.state.pa.us/comod/ProtestProcedures.doc> A protest by a party not submitting a proposal must be filed within **seven** days after the protesting party knew or should have known of the facts giving rise to the protest, but no later than the proposal submission deadline specified in the Calendar of Events of the RFP. Offerors may file a protest within **seven** days after the protesting Offeror

knew or should have known of the facts giving rise to the protest, but in no event may an Offeror file a protest later than **seven** days after the date the notice of award of the contract is posted on the DGS website. The date of filing is the date of receipt of the protest. A protest must be filed in writing with the Issuing Office.

I-29. Use of Electronic Versions of this RFP. This RFP is being made available by electronic means. If an Offeror electronically accepts the RFP, the Offeror acknowledges and accepts full responsibility to insure that no changes are made to the RFP. In the event of a conflict between a version of the RFP in the Offeror's possession and the Issuing Office's version of the RFP, the Issuing Office's version shall govern.

PART II

PROPOSAL REQUIREMENTS

Offerors must submit their proposals in the format, including heading descriptions, outlined below. To be considered, the proposal must respond to all requirements in this part of the RFP. Offerors should provide any other information thought to be relevant, but not applicable to the enumerated categories, as an appendix to the Proposal. All cost data relating to this proposal and all Disadvantaged Business cost data should be kept separate from and not included in the Technical Submittal. Each Proposal shall consist of the following **three** separately sealed submittals. Proposals that do not address all four components (PCEN, WISEWOMAN, Colorectal Cancer Control Program, and the Pennsylvania Comprehensive Cancer Control Plan) of this RFP will not be considered.

- A. Technical Submittal, which shall be a response to RFP **Part II, Sections II-1 through II-8** (includes the four program components - PCEN, WISEWOMAN, Colorectal Cancer Control Program, Pennsylvania Comprehensive Cancer Control Plan);
- B. Disadvantaged Business Submittal, in response to RFP **Part II, Section II-9**; and
- C. Cost Submittal, in response to RFP **Part II, Section II-10**.

The Department reserves the right to request additional information which, in the Department's opinion, is necessary to assure that the Offeror's competence, number of qualified employees, business organization, and financial resources are adequate to perform according to the RFP.

The Department may make investigations as deemed necessary to determine the ability of the Offeror to perform the Project, and the Offeror shall furnish to the Department all requested information and data. The Department reserves the right to reject any proposal if the evidence submitted by, or investigation of, such Offeror fails to satisfy the Department that such Offeror is properly qualified to carry out the obligations of the RFP and to complete the Project as specified.

II-1. Statement of the Problem. State in succinct terms your understanding of the problem presented or the service required by this RFP.

II-2. Management Summary. Include a narrative description of the proposed effort and a list of the items to be delivered or services to be provided.

II-3. Work Plan. Describe in narrative form the technical plan for accomplishing the work. Use the task descriptions in **Part IV** of this RFP as a reference point. Modifications of the task descriptions are permitted; however, reasons for changes should be fully explained. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique (PERT) or similar type display, time related, showing each event. If more than one approach is apparent, comment on why this particular approach was chosen.

II-4. Prior Experience. Offerors shall possess necessary skills, expertise, and experience to conduct evaluation for evidence-informed programs and community-based initiatives that create systems and policy changes and to manage a web-based data collection system. Consideration will be given to those Offerors with prior experience in evaluation and the experience in demonstrating outcomes specific to program objectives and national standards of reporting outcomes, including Behavioral Risk Factor Surveillance System (BRFSS), chronic disease incidence, mortality, and late stage diagnosis rates from the Pennsylvania Cancer Registry and other data sources. Offerors must demonstrate experience and must provide examples of work in the design and management of logic models, and a statewide data collection system. Offerors must complete V, Offeror Response to Company Qualifications, to describe qualifications and experience in the development and implementation of software applications, as it pertains to the development and maintenance of chronic disease data management systems such as

PCEN. Offerors that demonstrate experience in evaluation of chronic disease programs are preferred. Offerors should have additional experience in the development and evaluation of cancer screening and education programs aligned and integrated with other chronic diseases. Offerors should demonstrate experience in the development of an overarching evaluation plan for integration of multiple chronic disease programs, such as cancer and cardiovascular disease; development of measurements and methods for implementation, plans and outcomes; evaluation of both quantitative and qualitative data related to public and professional education, colorectal cancer and cardiovascular disease screening and early detection, cardiovascular lifestyle intervention programs, and system and policy changes, of which detailed outputs and outcomes related to short-, mid-, and long-term goals. Offerors should demonstrate past experience in evaluating an integrated approach to providing clinical services and lifestyle interventions through multiple direct clinical service providers and multiple community partners. Offerors should demonstrate past experience to develop benchmarks and evaluate progress in direct clinical and lifestyle intervention services, partnership development and program management. Experience and examples shown should be work done by individuals who will be assigned to this project and secondarily as that of your company. Examples must include a copy of the evaluation plans, logic models, questionnaires, executive summary results, and a link to on-line test-site example of a web-based data system. Studies or projects referred to must be identified and the name of the customer shown, including the name, address, and telephone number of the responsible official of the customer, company, or agency who may be contacted.

II-5. Personnel. Include the number of executive and professional personnel, analysts, auditors, researchers, programmers, consultants, etc., who will be engaged in the work. Show where these personnel will be physically located during the time they are engaged in the Project. For key personnel, (Evaluation Manager, Evaluation Team Leaders/Coordinators/Assistant Managers and professional staff in the fields of Health Education, Clinical Health Screening, Cultural Competency, Epidemiology, Biostatistics, Data Mining, Health Economics, and Bioinformatics) include the employee's name and, through a resume or similar document, the Project personnel's education and experience in management of web-based data systems, systems and policy change, and in evaluation of a clinical screening, education and/or lifestyle intervention program with demonstrated outcomes specific to the program objectives and national standards of reporting outcomes. Include examples of opportunities developed for students in public health graduate programs to earn credits towards a degree program, through participating in the development, implementation, and evaluation of cardiovascular disease interventions. Indicate the responsibilities each individual will have in this Project and how long each has been with the company. Identify by name any subcontractors intended to be used and the services they will perform.

II-6. Training. If appropriate, indicate recommended training of agency personnel. Include the agency personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors.

II-7. Financial Capability. The organization must also submit annual reports for the two most recent fiscal years. These annual reports must contain financial statements prepared by the organization's management in accordance with generally accepted accounting principles. The financial statements must be audited by an independent certified public accountant. If the organization does not have audited financial statements available, then the organization must prepare unaudited financial statements for the two most recent fiscal years. The financial statements must include at a minimum a balance sheet and the auditor's opinion on the financial statements. In addition, if the auditor has prepared a management letter (a letter issued to management disclosing non-reportable conditions or other matters involving the internal control structure), it must be furnished with the report it is applicable to. The organization's management must prepare the notes to the financial statements, and must also prepare and include an analysis and evaluation of future financial conditions and stability. The organization's management analysis of future financial conditions and stability must specifically include a description of the organization's ability to continue future operations as a going concern. If contract work is to be subcontracted, the information described above must also be submitted for each subcontractor that would

receive 25 percent or more of the total contract amount. For ease in assembling the proposal, append the financial documentation rather than including it in the main body.

II-8. Objections and Additions to Standard Contract Terms and Conditions. The Offeror will identify which, if any, of the terms and conditions (contained in **Appendix D**) it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard contract terms and conditions. The Offeror's failure to make a submission under this paragraph will result in its waiving its right to do so later, but the Department may consider late objections and requests for additions if to do so, in the Department's sole discretion, would be in the best interest of the Commonwealth. The Department may, in its sole discretion, accept or reject any requested changes to the standard contract terms and conditions. The Offeror shall not request changes to the other provisions of the RFP, nor shall the Offeror request to completely substitute its own terms and conditions for **Appendix D**. All terms and conditions must appear in one integrated contract. The Department will not accept references to the Offeror's, or any other, online guides or online terms and conditions contained in any proposal.

Regardless of any objections set out in its proposal, the Offeror must submit its proposal, including the cost proposal, on the basis of the terms and conditions set out in **Appendix D**. The Department will reject any proposal that is conditioned on the negotiation of the terms and conditions set out in **Appendix D** or to other provisions of the RFP as specifically identified above.

II-9. Disadvantaged Business Submittal

A. Disadvantaged Business Information.

1. To receive credit for being a Small Disadvantaged Business or a Socially Disadvantaged Business or for entering into a joint venture agreement with a Small Disadvantaged Business or for subcontracting with a Small Disadvantaged Business (including purchasing supplies and/or services through a purchase agreement), an Offeror must include proof of Disadvantaged Business qualification in the Disadvantaged Business Submittal of the proposal, as indicated below:
 - a) A Small Disadvantaged Businesses certified by BMWBO as an MBE/WBE must provide a photocopy of their BMWBO certificate.
 - b) Businesses certified by the U.S. Small Business Administration pursuant to Section 8(a) of the Small Business Act (15 U.S.C. § 636(a)) as an 8(a) Small Disadvantaged Businesses must submit proof of U.S. Small Business Administration certification. The owners of such businesses must also submit proof of United States citizenship.
 - c) Businesses, which assert that they meet the U.S. Small Business Administration criteria for designation as a small disadvantaged business, must submit: a) self-certification that the business meets the Small Business Administration criteria and b) documentary proof to support the self-certification. The owners of such businesses must also submit proof of United States citizenship, and provide any relevant small disadvantaged business certifications by other certifying entities.
 - d) All businesses claiming Small Disadvantaged Business status, whether as a result of BMWBO certification, or U.S. Small Business Administration certification as an 8(a) or self-certification as a U.S. Small Business Administration small disadvantaged business, must attest to the fact that the business has 100 or fewer employees.
 - e) All businesses claiming Small Disadvantaged Business status, whether as a result of BMWBO certification, or U.S. Small Business

Administration certification as an 8(a) or self-certification as a U.S. Small Business Administration small disadvantaged business, must submit proof that their gross annual revenues are less than \$20,000,000 (\$25,000,000 for those businesses in the information technology sales or service business). This can be accomplished by including a recent tax return or audited financial statement.

2. All businesses claiming status as a Socially Disadvantaged Business must include in the Disadvantaged Business Submittal of the proposal clear and convincing evidence to establish that the business has personally suffered racial or ethnic prejudice or cultural bias stemming from the business person's color, ethnic origin or gender. The submitted evidence of prejudice or bias must:
 - a) Be rooted in treatment that the business person has experienced in American society, not in other countries.
 - b) Show prejudice or bias that is chronic and substantial, not fleeting or insignificant.
 - c) Indicate that the business person's experience with the racial or ethnic prejudice or cultural bias has negatively impacted his or her entry into and/or advancement in the business world.

BMWBO shall determine whether the Offeror has established that a business is socially disadvantaged by clear and convincing evidence.

3. In addition to the above verifications, the Offeror must include in the Disadvantaged Business Submittal of the proposal the following information:
 - a) Those Small Disadvantaged Businesses submitting a proposal as the Offeror, must include a numerical percentage which represents the total percentage of the work (as a percentage of the total cost in the Cost Submittal) to be performed by the Offeror and not by subcontractors and suppliers.
 - b) Those Small Disadvantaged Businesses submitting a proposal as a part of a joint venture partnership, must include a numerical percentage which represents the total percentage of the work (as a percentage of the total cost in the Cost Submittal) to be performed by the Small Disadvantaged Business joint venture partner and not by subcontractors and suppliers or by joint venture partners who are not Small Disadvantaged Businesses. Offeror must also provide:
 - 1) The amount of capital, if any, each Small Disadvantaged Business joint venture partner will be expected to provide.
 - 2) A copy of the joint venture agreement signed by all parties.
 - 3) The business name, address, name and telephone number of the primary contact person for the Small Disadvantaged Business joint venture partner.
 - c) **All** Offerors must include a numerical percentage which represents the total percentage of the total cost in the Cost Submittal that the Offeror commits to paying to Small Disadvantaged Businesses as subcontractors. To support its total percentage DB subcontractor commitment, Offeror must also include:

- 1) The dollar amount of each subcontract commitment to a Small Disadvantaged Business;
 - 2) The name of each Small Disadvantaged Business. The Offeror will not receive credit for stating that after the contract is awarded it will find a Small Disadvantaged Business.
 - 3) The services or supplies each Small Disadvantaged Business will provide, including the timeframe for providing the services or supplies.
 - 4) The location where each Small Disadvantaged Business will perform services.
 - 5) The timeframe for each Small Disadvantaged Business to provide or deliver the goods or services.
 - 6) A signed subcontract or letter of intent for each Small Disadvantaged Business. The subcontract or letter of intent must identify the specific work, goods or services the Small Disadvantaged Business will perform and how the work, goods or services relates to the project.
 - 7) The name, address and telephone number of the primary contact person for each Small Disadvantaged Business.
- d) The total percentages and each subcontractor commitment will become contractual obligations once the contract is fully executed.
 - e) The name and telephone number of the Offeror's project (contact) person for the Small Disadvantaged Business information.
4. The Offeror is required to submit **two** copies of its Disadvantaged Business Submittal. The submittal shall be clearly identified as Disadvantaged Business information and sealed in its own envelope, separate from the remainder of the proposal.
 5. A Small Disadvantaged Business can be included as a subcontractor with as many prime contractors as it chooses in separate proposals.
 6. An Offeror that qualifies as a Small Disadvantaged Business and submits a proposal as a prime contractor is not prohibited from being included as a subcontractor in separate proposals submitted by other Offerors.

B. Enterprise Zone Small Business Participation.

1. To receive credit for being an enterprise zone small business or entering into a joint venture agreement with an enterprise zone small business or subcontracting with an enterprise zone small business, an Offeror must include the following information in the Disadvantaged Business Submittal of the proposal:
 - a) Proof of the location of the business' headquarters (such as a lease or deed or Department of State corporate registration), including a description of those activities that occur at the site to support the other businesses in the enterprise zone.
 - b) Confirmation of the enterprise zone in which it is located (obtained from the local enterprise zone office).
 - c) Proof of United States citizenship of the owners of the business.
 - d) Certification that the business employs 100 or fewer employees.

- e) Proof that the business' gross annual revenues are less than \$20,000,000 (\$25,000,000 for those businesses in the information technology sales or service business). This can be accomplished by including a recent tax return or audited financial statement.
 - f) Documentation of business organization, if applicable, such as articles of incorporation, partnership agreement or other documents of organization.
2. In addition to the above verifications, the Offeror must include in the Disadvantaged Business Submittal of the proposal the following information:
- a) The name and telephone number of the Offeror's project (contact) person for the Enterprise Zone Small Business.
 - b) The business name, address, name and telephone number of the primary contact person for each Enterprise Zone Small Business included in the proposal. The Offeror must specify each Enterprise Zone Small Business to which it is making commitments. The Offeror will not receive credit for stating that it will find an Enterprise Zone Small Business after the contract is awarded or for listing several businesses and stating that one will be selected later.
 - c) The specific work, goods or services each Enterprise Zone Small Business will perform or provide.
 - d) The total cost amount submitted in the Offeror's cost proposal and the estimated dollar value of the contract to each Enterprise Zone Small Business.
 - e) Of the estimated dollar value of the contract to each Enterprise Zone Small Business, the percent of the total value of services or products purchased or subcontracted that each Enterprise Zone Small Business will provide.
 - f) The location where each Enterprise Zone Small Business will perform these services.
 - g) The timeframe for each Enterprise Zone Small Business to provide or deliver the goods or services.
 - h) The amount of capital, if any, each Enterprise Zone Small Business will be expected to provide.
 - i) The form and amount of compensation each Enterprise Zone Small Business will receive.
 - j) For a joint venture agreement, a copy of the agreement, signed by all parties.
 - k) For a subcontract, a signed subcontract or letter of intent.
3. The dollar value of the commitment to each Enterprise Zone Small Business must be included in the same sealed envelope with the Disadvantaged Business

Submittal of the proposal. The following will become a contractual obligation once the contract is fully executed:

- a) The amount of the selected Offeror's Enterprise Zone Small Business commitment;
- b) The name of each Enterprise Zone Small Business; and
- c) The services each Enterprise Zone Small Business will provide, including the timeframe for performing the services.

II-10. Cost Submittal. The information requested in this **Part II, Section II-10** shall constitute the Cost Submittal. The Cost Submittal shall be placed in a separate sealed envelope within the sealed proposal, separated from the technical submittal. The Cost Submittal shall include proposed costs for the entire contract period, as well as each fiscal year, and shall identify costs separately for each of the four components. Use the downloadable budget to present the cost submittal which can be found at the internet address previously provided in the table of contents. Instructions regarding the completion of the budget can be found in the last worksheet of the downloadable budget file.

Component 1 through 4: PCEN, WISEWOMAN, Colorectal Cancer Control Program, and Pennsylvania Comprehensive Cancer Control Plan shall include a cost submittal for the following time periods:

- Overall: July 1, 2011 to June 30, 2016
- Year 1: July 1, 2011 to June 30, 2012
- Year 2: July 1, 2012 to June 30, 2013
- Year 3: July 1, 2013 to June 30, 2014
- Year 4: July 1, 2014 to June 30, 2015
- Year 5: July 1, 2015 to June 30, 2016

The total proposed cost shall be broken down into the following components: Personnel; Consultant Services; Subcontract Services; Patient Services; Equipment; Supplies; Travel and Subsistence; Other. Offerors should **not** include any assumptions in their cost submittals. If the Offeror includes assumptions in its cost submittal, the Department may reject the proposal. Offerors should direct in writing to the RFP Project Officer pursuant to **Part I, Section I-9**, of this RFP any questions about whether a cost or other component is included or applies. All Offerors will then have the benefit of the Department's written answers so that all proposals are submitted on the same basis.

- A. Personnel:** The personnel section shall identify each position by job title, hourly rate, and the number of hours per year allocated to the project. Salaries may be increased for those personnel covered by a union negotiated agreement and any increase in salary due to union negotiation is permissible in subsequent budget years. Estimate salary and fringe increases for those not covered by a union negotiated agreement for Years 2-5, not more than 3 percent annually. Fringe benefits are to be shown as a separate line item by percentage and shall include a detailed listing of the benefits being covered.
- B. Consultant Services:** This budget category shall identify each consultant by classification, hourly rate and number of hours to be utilized under this proposal.
- C. Subcontract Services:** This budget shall identify each subcontract to be utilized under this proposal. If the subcontractor is not known at this time, please indicate by saying "To Be Determined" along with a description of work to be performed.
- D. Patient Services:** N/A
- E. Equipment:** This budget category shall reflect the actual or projected cost of any equipment \$5,000 or greater. Justification for the purchase of any equipment must be included. Purchase of equipment is not a priority of the Department.

- F. **Supplies:** This budget category shall reflect expected costs for general office supplies including personal computers and facsimile machines valued at less than \$5,000, needed to support this project.
- G. **Travel:** This budget category shall include anticipated expenditures for travel including mileage, hotels and meals, all of which must have prior approval from the Department in accordance with Appendix H, Commonwealth Travel and Subsistence Rates.
- H. **Other:** This budget category shall be used for anticipated expenditures that do not fit into any of the other budget categories such as telephone, printing, postage, and indirect costs (overhead, general, and administrative). Indirect rates cannot exceed the provider's federally approved indirect cost rate schedule. In the description area under OTHER COSTS include the % that the rate reflects, identify the budget categories to which the rate was applied, and list the specific items that the indirect is paying for.

The Department will reimburse the selected Offeror for work satisfactorily performed after execution of a written contract and the start of the contract term, in accordance with contract requirements, and only after the Issuing Office has issued a notice to proceed.

II-11. Domestic Workforce Utilization Certification. Complete and sign the Domestic Workforce Utilization Certification contained in **Appendix L** of this RFP. Offerors who seek consideration for this criterion must submit in hardcopy the signed Domestic Workforce Utilization Certification Form in the same sealed envelope with the Technical Submittal.

PART III –

CRITERIA FOR SELECTION

III-1. Mandatory Responsiveness Requirements. To be eligible for selection, a proposal must be:

- A. Letter of Intent from Pennsylvania-based organizations submitted by February 2, 2011
- B. Timely received from an Offeror;
- C. Properly signed by the Offeror; and

III-2. Technical Nonconforming Proposals. The Department reserves the right, in its sole discretion, to waive technical or immaterial nonconformities in an Offeror's proposal.

III-3. Evaluation. The Department has selected a committee of qualified personnel to review and evaluate timely submitted proposals. Independent of the committee, BMWBO will evaluate the Disadvantaged Business Submittal and provide the Issuing Office with a rating for this component of each proposal. The Department will notify in writing of its selection for negotiation the responsible Offeror whose proposal is determined to be the most advantageous to the Commonwealth as determined by the Department after taking into consideration all of the evaluation factors. The Department will award a contract only to an Offeror determined to be responsible in accordance with the most current version of Commonwealth Management Directive 215.9, *Contractor Responsibility Program*.

III-4. Criteria for Selection. The following criteria will be used in evaluating each proposal. In order for a proposal to be considered for selection for best and final offers or selection for contract negotiations, the total score for the technical submittal of the proposal must be greater than or equal to 70% of the highest scoring technical submittal.

- A. **Technical:** The Department has established the weight for the Technical criterion for this RFP as 50% of the total points. Evaluation will be based upon the following in order of importance:

- 1. **Program Narrative:** Offerors shall assure that evaluation is based on the 6-step CDC Evaluation Framework which can be referenced at the internet address <http://www.cdc.gov/eval/steps.htm>.

COMPONENT 1 – PCEN: Offerors shall define and describe a comprehensive approach to the evaluation of the statewide PCEN cancer education program, as well as other cancers and chronic disease programs that may be integrated into the PCEN. Describe the methodology by which outcomes of the program can be evaluated against national standards of reporting outcomes, including Behavioral Risk Factor Surveillance System (BRFSS), cancer incidence, mortality, and late stage diagnosis rates from the Pennsylvania Cancer Registry. Offerors shall describe the methodology and techniques to be utilized for the evaluation of each cancer (Colorectal, Ovarian, Prostate, and Skin) education program, with clearly stated objectives, strategies, and activities, and the extent that the Offeror can implement those evaluation strategies and activities. The evaluation plan shall include the impact on the PCEN as it is integrated with other chronic disease risk reduction programs, including lifestyle changes and expanding the PCEN to include the use of interactive educational games and online training modules for the public. Offerors shall describe the methodology for operating the data collection system, web-based reporting, and the integration of online training tools. Offerors shall provide measurable evaluation indicators related to the goals and objectives identified in this RFP and provide useful information to the

Department for identifying barriers and providing solutions to PCEN program barriers. Modifications to the existing Logic models must be described clearly and must demonstrate the relevance to the goals of the RFP.

COMPONENT 2 – WISEWOMAN: Offerors shall describe a comprehensive approach to the evaluation of the WISEWOMAN program, based on the current logic model and work plan template, developed for the WISEWOMAN Program as shown in Appendix X, WISEWOMAN Program Evaluation Plan Template, and adding long-term evaluation planning through June 30, 2016. The approach described by the Offeror shall at a minimum include evaluation of program fidelity, screening service delivery, partnerships, lifestyle intervention availability and delivery, delivery of the CDC approved *A New Leaf* lifestyle intervention program (<http://www.hpdp.unc.edu/wisewoman/>), quality assurance, and the use of the evaluation results in program planning. Program narrative shall include a statement of the problem and summary to describe how quantitative and qualitative data will be collected and utilized in developing and implementing strategies based on the evaluation results. Offerors shall describe how evaluation will be built into all activities for continuous quality improvement. Offerors shall describe their capacity to adapt and change the process based on new directives, findings from beta testing, or findings from completed evaluations.

Offerors shall address all the evaluation requirements listed in Appendix Y, CDC WISEWOMAN Program Evaluation Overview, and shall conduct evaluation according to the CDC Heart Disease and Stroke Prevention Program Evaluation Guide (http://www.cdc.gov/dhdsp/state_program/evaluation_guides/pdfs/evaluation_plan.pdf), The plan shall describe the methodology and the techniques to be utilized to evaluate the WISEWOMAN Program with clear objectives, strategies, and activities that illustrate growth beyond 2009-2010, and lay the groundwork for successive years.

COMPONENT 3 – COLORECTAL CANCER CONTROL PROGRAM: Offerors shall define and describe a comprehensive approach to the evaluation of the Colorectal Cancer Control Program, including evaluation of program implementation, process, and outcomes of public and professional education and population level screening. Program narrative shall include a description of how the Offeror shall analyze quantitative and qualitative collected data to measure outcomes, report on barriers and challenges, attain goals and objectives, and make recommendations for appropriate solutions. Offerors shall describe how program tools and strategies will be enhanced to contribute to increasing population-level CRC screening rates, and reduce health disparities in colorectal cancer screening, incidence, and mortality. Program narrative shall include a description of how the Offeror will evaluate Pennsylvania's progress in increasing population level-based screening. The goal is to increase CRC screening rates to 80% by 2014. The Offeror shall incorporate the analysis of professional education procedures and assess the impact of interventions on system and policy change and the improvement of population-level screening. Offerors shall describe plans to use evaluation findings to continually improve the program. Program evaluation shall be based on national standards of reporting including, but not limited to, BRFSS, HEDIS, and NPCR.

COMPONENT 4 – PENNSYLVANIA COMPREHENSIVE CANCER CONTROL PLAN: Offerors shall define, describe, and conduct a systematic comprehensive approach (purpose, design, and focus) to evaluate the utilization, and the impacts and outcomes of implementation of the Pennsylvania Comprehensive

Cancer Control Plan goals and objectives across the continuum of care and across organizations and its programs statewide. Offerors shall describe the methodology and the techniques to be utilized to evaluate the organization's knowledge about the state's plan. Offerors shall develop an annual evaluation plan that includes a description of the following: organizations' knowledge of the state's plan; organizations' implementation of selected Plan goals and objectives across the continuum of care; organizations' data collection and analysis methods; how the goals/objectives link to outcomes (the logic for the activity as well as that for choosing the elements to be evaluated); method of assessing implementation and effectiveness of strategies; potential effects of selected activities toward reaching the state's Plan goals and objectives (process and outcome indicators); measuring resultant changes in health outcomes and plans for communication and utilization of the findings. Offerors shall describe the evaluation of data collected and the analysis methods to show outcomes of the implementation that contribute or are attributed to reaching Plan goals.

2. **Program Capability:**

COMPONENT 1 – PCEN: Offerors shall describe their skills, expertise, and experience in conducting evaluation and management of a statewide web-based data collection system. Offerors shall demonstrate experience in evaluation plans for community-based initiatives and evidence-informed statewide programs for which evaluation was developed and completed. Offerors shall provide examples of evaluation plans and data collection systems that have been developed and utilized for the collection and analysis of statewide data. Offerors shall provide documentation of their capability to accomplish the PCEN evaluation plan to achieve stated objectives, based on past experiences. Offerors shall demonstrate knowledge and ability in the use of audience response systems and be able demonstrate ability to integrate the data into the web-based data collection system. Offerors shall demonstrate experience to design and implement online education modules for each cancer as directed by the Department. Offerors shall demonstrate experience to design interactive educational games. Offerors shall demonstrate experience to develop tools/processes to detect the quality of data entered into the data collection system and to remove or correct wrong data. Offerors shall demonstrate experience and examples to utilize Geospatial Information System (GIS) mapping technology to visually display program data. Offerors shall describe and provide examples of experience using data-mining techniques to conduct a comprehensive analysis of qualitative and quantitative program data. Offerors shall describe experience with designing and evaluating follow-up protocols to measure intermediate program outcomes. Offerors will be rated based on experience and qualifications of the team that will complete the project, not that of the institution under which they are housed. Consideration will be given to those Offerors with prior experience in design, evaluation, and management of a statewide data collection system and the experience to document program outcomes using national standards of reporting. Offerors examples shown should be work done by individuals who will be assigned to this project and secondarily as that of your company. Examples must include a copy of the evaluation plans, logic models, questionnaires, executive summary results, and a link to on-line test-site example of a web-based data system. Offerors shall complete Appendix W, Offeror Response to Company Qualifications, and must provide examples of previous projects to document capabilities.

COMPONENT 2 – WISEWOMAN: Offerors shall describe their skills, expertise, and experience in conducting evaluation of a health screening and risk reduction program. Offerors shall demonstrate experience in evaluation plans for community-based initiatives and evidence-based statewide programs for which

evaluation was developed and completed. Offerors shall provide examples of evaluation plans and logic models that have been developed for chronic disease prevention programs that provide direct screening services in clinical settings. Offerors shall provide documentation of their experience to accomplish the WISEWOMAN evaluation plan to achieve stated objectives, based on past experience. Offerors shall describe and provide examples of experience in conducting comprehensive analyses of qualitative and quantitative program data, some of which is protected by the Federal Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the Federal Health Information Technology for Economic and Clinical Health Act (HITECH). Offerors shall be responsible for costs for rectifying any breach of confidential information including, but not limited to, notifying affected individuals, fines, credit monitoring and all other fees associated with rectifying a breach of covered individuals. Offerors will be rated based on experience and qualifications of the team that will complete the project, not that of the institution under which they are housed. Consideration will be given to those Offerors with prior experience in evaluation of clinical health screening and lifestyle intervention programs through multiple direct clinical service providers and multiple community partners, and the experience to document program outcomes using national standards of reporting.

COMPONENT 3 – COLORECTAL CANCER CONTROL PROGRAM: Offerors shall describe their skills, expertise, and experience in conducting evaluation of a cancer screening and education program. Offerors shall demonstrate experience in evaluation plans for community-based initiatives and evidence-informed statewide programs for which evaluation was developed and completed. Offerors shall provide examples of evaluation plans that have been developed and utilized for the analysis of health screening and education programs. Offerors shall provide documentation of their experience to accomplish the Colorectal Cancer Screening Program evaluation plan to achieve stated objectives, based on past experiences. Offerors shall describe and provide examples of experience using data-mining techniques to conduct a comprehensive analysis of qualitative and quantitative program data. Offerors will be rated based on experience and qualifications of the team that will complete the project, not that of the institution under which they are housed. Consideration will be given to those Offerors with prior experience in evaluation and the experience to document program outcomes using national standards of reporting.

COMPONENT 4 – PENNSYLVANIA COMPREHENSIVE CANCER CONTROL PLAN: Offerors shall describe their skills, expertise, and experience in conducting a comprehensive evaluation of state-wide plans or statewide community-based programs to identify contributions toward reaching stated goals and objectives. Offerors shall describe and provide examples of their capabilities to conduct a comprehensive analysis of qualitative and quantitative data. Offerors will be rated based on experience and qualifications of the team that will complete the project, not that of the institution under which they are housed. Consideration will be given to those Offerors that have provided documentation with examples of prior experience in evaluation of statewide programs or expansive projects documenting the outcomes using national standards of reporting.

3. **Organizational Support:**

COMPONENT 1 – PCEN: Offerors shall demonstrate the employment of a diversified team for PCEN Evaluation, including, but not limited to staff with expertise in the fields of Health Education, Cultural Competency, Epidemiology,

Biostatistics, Data Mining, Health Economics and Bioinformatics with skills, education, background, and prior experience in the development and evaluation of community-based evidenced-based or evidenced-informed initiatives, partnerships or programs. Offerors shall provide biographical sketches or curriculum vitae demonstrating experience of all personnel matching the skills for the responsibilities assigned to each person, except support staff, required to complete the requirements of this RFP,

COMPONENT 2 – WISEWOMAN: Offerors shall demonstrate the employment of a diversified team for WISEWOMAN Evaluation, including, but not limited to staff with expertise in the fields of Health Education, Clinical Health Screening, Cultural Competency, Epidemiology, Biostatistics, Data Mining, Health Economics, and Bioinformatics. Offeror shall develop opportunities for students in public health graduate programs to earn credits towards a degree program, through participating in the development, implementation, and evaluation of cardiovascular disease interventions. Offerors shall provide biographical sketches or curriculum vitae demonstrating experience of all personnel, except support staff, required to complete the requirements of this RFP.

COMPONENT 3 – COLORECTAL CANCER CONTROL PROGRAM: Offerors shall demonstrate the employment of a diversified team for the Colorectal Cancer Control Program Evaluation, including, but not limited to staff with expertise in the fields of Professional and Public Health Education, Cultural Competency, Epidemiology, Health Economics, Data Mining, Bioinformatics and Clinical Service. The Offeror shall provide biographical sketches or curriculum vitae demonstrating experience of all personnel matching the skills for the responsibilities assigned to each person, except support staff, required to complete the requirements of this RFP.

COMPONENT 4 – PENNSYLVANIA COMPREHENSIVE CANCER CONTROL PLAN: Offerors shall demonstrate the employment of a diversified team for the evaluation and analysis of the Comprehensive Cancer Control Plan Evaluation, including but not limited to staff with expertise in the fields of Public Health, Health Economics, Epidemiology, Data Mining and Bioinformatics with skills, education, background, and prior experience in the evaluation of state-wide plans or statewide community-based programs. Offerors shall provide biographical sketches or curriculum vitae demonstrating experience of all personnel matching the skills for the responsibilities assigned to each person, except support staff, required to complete the requirements of this RFP.

4. **Program Work Plan:**

Offerors shall implement the evaluation plans that have already been developed for each component. Offerors may propose changes to the current plans, and the Department and Offeror will work together to develop a final evaluation plan for the resulting contract period.

COMPONENT 1 – PCEN: Offerors shall articulate a clear work plan for the proposed budget period that includes specific, time-phased, and measurable outcomes. List activities and strategies that will be undertaken to achieve the proposed objectives, staff responsible, and evaluation measures with specific and feasible timelines to determine progress.

COMPONENT 2 – WISEWOMAN: Offerors shall articulate a clear work plan for the proposed budget period that includes specific, time-phased, and measurable outcomes. List activities and strategies that will be undertaken to achieve the proposed objectives, staff responsible, and evaluation measures with specific

and feasible timelines to determine progress. Offerors shall build upon and enhance the evaluation plan and logic model as shown in Appendix W, WISEWOMAN Program Evaluation Plan Template. Offerors shall show individual tasks and monthly milestones on a state fiscal year annual basis for each of the proposed budget years, minimally, of July 1, 2011 through June 29, 2012.

Offerors shall utilize the Appendix X, WISEWOMAN Program Evaluation Plan Template, to describe measures for expansion within each of the following identified task areas: Engage Stakeholders, Describe the Program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, and Ensure Use and Share Lessons Learned. The evaluation plan must address the required components: program management, direct service delivery, partnerships and evaluation, as listed in the template. If an evaluation plan is in place prior to the July 1, 2011 anticipated start date, the Offeror may analyze and propose changes which will be reviewed by the Department and implemented as appropriate. Each year's plan and logic model may later be modified based on need, WISEWOMAN funding, and at the discretion of the Department.

COMPONENT 3 – COLORECTAL CANCER CONTROL PROGRAM: Offerors shall articulate a clear work plan for the proposed budget period that includes specific, time-phased, and measurable outcomes. List activities and strategies that will be undertaken to achieve the proposed objectives, staff responsible, and evaluation measures with specific and feasible timelines to determine progress.

Offerors shall develop the 2011-2012 evaluation plan to detail measures within each of the following identified task areas: Engage Stakeholders, Describe the Program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, and Ensure Use and Share Lessons Learned.

COMPONENT 4 – PENNSYLVANIA COMPREHENSIVE CANCER CONTROL PLAN: Offerors shall articulate a clear work plan for the proposed budget period that includes specific, time-phased and measurable outcomes. List activities and strategies that will be undertaken to achieve the proposed objectives, staff responsible, and evaluation measures with specific and feasible timelines to determine progress.

Offerors shall develop the 2011-2012 evaluation plan to detail measures within each of the following identified task areas: Engage Stakeholders, Describe the Program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, and Ensure Use and Share Lessons Learned.

- B. **Cost:** The Issuing Office has established the weight for the Cost criterion for this RFP as **30%** of the total points.
- C. **Disadvantaged Business Participation:** BMWBO has established the weight for the Disadvantaged Business Participation criterion for this RFP as **20%** of the total points. Evaluation will be based upon the following in order of priority:

Priority Rank 1 Proposals submitted by Small Disadvantaged Businesses.

Priority Rank 2 Proposals submitted from a joint venture with a Small Disadvantaged Business as a joint venture partner.

Priority Rank 3	Proposals submitted with subcontracting commitments to Small Disadvantaged Businesses.
Priority Rank 4	Proposals submitted by Socially Disadvantaged Businesses.

Each proposal will be rated for its approach to enhancing the utilization of Small Disadvantaged Businesses and/or Socially Disadvantaged Businesses. Each approach will be evaluated, with Priority Rank 1 receiving the highest score and the succeeding options receiving scores in accordance with the above-listed priority ranking.

To the extent that an Offeror qualifies as a Small Disadvantaged Business or a Socially Disadvantaged Business, the Small Disadvantaged Business or Socially Disadvantaged Business cannot enter into subcontract arrangements for more than **40%** of the total estimated dollar amount of the contract. If a Small Disadvantaged Business or a Socially Disadvantaged Business subcontracts more than **40%** of the total estimated dollar amount of the contract to other contractors, the Disadvantaged Business Participation scoring shall be proportionally lower for that proposal.

- D. **Enterprise Zone Small Business Participation:** In accordance with the priority ranks listed below, bonus points in addition to the total points for this RFP, will be given for the Enterprise Zone Small Business Participation criterion. The maximum bonus points for this criterion are 3% of the total points for this RFP. The following options will be considered as part of the final criteria for selection:

Priority Rank 1	Proposals submitted by an Enterprise Zone Small Business will receive three percent bonus for this criterion.
Priority Rank 2	Proposals submitted by a joint venture with an Enterprise Zone Small Business as a joint venture partner will receive two percent bonus for this criterion.
Priority Rank 3	Proposals submitted with a subcontracting commitment to an Enterprise Zone Small Business will receive the one percent bonus for this criterion.
Priority Rank 4	Proposals with no Enterprise Zone Small Business Utilization shall receive no points under this criterion.

To the extent that an Offeror is an Enterprise Zone Small Business, the Offeror cannot enter into contract or subcontract arrangements for more than **40%** of the total estimated dollar amount of the contract in order to qualify as an Enterprise Zone Small Business for purposes of this RFP.

- E. **Domestic Workforce Utilization:** Any points received for the Domestic Workforce Utilization criterion are bonus points in addition to the total points for this RFP. The maximum bonus points for this criterion are 3% of the total points for this RFP. To the extent permitted by the laws and treaties of the United States, each proposal will be scored for its commitment to use domestic workforce in the fulfillment of the contract. Maximum consideration will be given to those Offerors who will perform the contracted direct labor exclusively within the geographical boundaries of the United States or within

the geographical boundaries of a country that is a party to the World Trade Organization Government Procurement Agreement. Those who propose to perform a portion of the direct labor outside of the United States and not within the geographical boundaries of a party to the World Trade Organization Government Procurement Agreement will receive a correspondingly smaller score for this criterion. Offerors who seek consideration for this criterion must submit in hardcopy the signed Domestic Workforce Utilization Certification Form in the same sealed envelope with the Technical Submittal. The certification will be included as a contractual obligation when the contract is executed.

PART IV
WORK STATEMENT

IV-1. Objectives.

COMPONENT 1: PENNSYLVANIA CANCER EDUCATION NETWORK

- A. **General.** The overall goal of this RFP is to secure the services of a qualified Offeror who shall work collaboratively with the Department to:
- Evaluate a uniform, consistent statewide approach to evidence-based, community-based public education programs using best practice educational materials and messages, provided through the Pennsylvania Cancer Education Network (PCEN), which shall ultimately help to reduce cancer mortality.
- B. **Specific.**
1. To ensure optimal functioning of the Department's existing web-based data system by designing and modifying the programming as needed to collect and analyze statewide data from PCEN on colorectal, ovarian, prostate and skin cancer education and to ensure the integration of cancer topics with other chronic diseases or other cancers, as directed by the Department.
 2. To host, maintain, and support the daily operations of the PCEN web-based data system and use data mining techniques and other statistical methodologies to determine whether activities are happening as planned, how well program processes are working, and the impact of the program on the target population from the data collected in the PCEN data system.
 3. To analyze the effects of PCEN education on change in knowledge and attitudes (short-term) about cancer screening, risk reduction, and prevention, outcomes for late stage diagnoses (intermediate), and cancer morbidity and mortality (long-term).

COMPONENT 2: WISEWOMAN PROGRAM

- A. **General.** The overall goal of this RFP is to secure the services of a qualified contractor who shall work collaboratively with the Department to:
1. Plan and evaluate all components involved in the implementation of the WISEWOMAN program across Pennsylvania.
 2. Use evaluation and program data to suggest changes and assist in the implementation of changes to the evaluation and implementation of the program.
- B. **Specific.**
1. Develop the evaluation plan each year and incorporate comments and direction from the Department and CDC.
 2. Implement the evaluation plan to provide a consistent approach to evaluate the implementation of the WISEWOMAN program.
 3. Evaluate provider compliance with the CDC *A New Leaf* program protocols.
 4. Evaluate performance in the areas of direct service delivery, partnerships, program management, and evaluation.
 5. Develop tools and strategies to address program performance improvement needs.
 6. Lead the implementation or assist in the implementation of new strategies and conduct evaluation.

COMPONENT 3: COLORECTAL CANCER CONTROL PROGRAM

- A. **General.** The overall goal of this RFP is to secure the services of a qualified contractor who shall work collaboratively with the Department to:
1. Develop an evaluation design to measure Pennsylvania's progress in increasing the rates of colorectal cancer screening through policy and system change and through public education and;
 2. Measure the impact of integrating colorectal cancer screening with the existing breast and cervical cancer early detection services.

3. Measure changes in public knowledge, attitude and intention to be screened.

B. Specific.

1. To communicate information about the Colorectal Cancer Control Program as directed by the Department.
2. To measure the effectiveness of public education through the Pennsylvania Cancer Education Network (PCEN) utilizing the PCEN's standardized evaluation and data collection protocols about colorectal cancer.
3. To measure the effectiveness of program implementation utilizing standardized performance measures and data collected from the program.
4. To measure the effectiveness of provider's policy and system changes through the Pennsylvania Academy of Family Physician utilizing Improving Performance in Practice (IPIP).

COMPONENT 4: COMPREHENSIVE CANCER CONTROL PLAN

- A. General.** The overall goal of this RFP is to secure the services of a qualified contractor who shall work collaboratively with the Department to:

Develop an evaluation design to measure Pennsylvania's progress in assessing the impact of communities and organizations cancer control programs in achieving the goals and objectives of the Pennsylvania Comprehensive Cancer Control Plan (Plan).

B. Specific.

1. Develop evaluation tools for the Department to continually assess cancer implementation efforts toward achieving Plan goals and objectives.
2. Measure outcomes of organizations' collaborative efforts contributing toward outcomes and measuring the pooled resources of organizations collaborating on programs.
3. Measure the impact of programs implementation efforts of work toward prevention of future cancers (environmental awareness and prevention and early detection of cancers); detecting new cancers at its earliest stage; increasing access to cancer treatment, and improving quality of life for cancer survivors and their families.

IV-2. Nature and Scope of the Project.

COMPONENT 1: PENNSYLVANIA CANCER EDUCATION NETWORK

The most recent health statistics (2006) identify colorectal, ovarian, prostate and skin cancers accounting for approximately 30 percent of invasive cancers diagnosed in Pennsylvania. In 2005, the Department of Health (Department) established the PCEN to provide residents access to evidence-informed, community-based cancer education. The goal of the PCEN is to reduce the number of people who are diagnosed with late stage cancer, and ultimately reduce the number of deaths from colorectal, ovarian, prostate and skin cancers in Pennsylvania. The PCEN has been designed and evaluated as effective in achieving short-term outcomes by increasing participants' cancer knowledge, decreasing fears that cancer screening is painful or embarrassing and increasing intention to be screened.

The PCEN structure utilizes three tiers (See Appendix S: Pennsylvania Cancer Education Network map.): 1) County and Municipal Health Departments (CMHDs) – currently Allegheny, Allentown, Chester, Erie, Montgomery, and Philadelphia; 2) six District Grantees (DGs), one for each of the health districts that is responsible for 8 to 11 counties in the respective region; and 3) Network Evaluator. The Department's Comprehensive Cancer Control Program oversees PCEN operations with dedicated staff including the Network Manager and Evaluation Manager. A Network Advisory Committee (NAC) convenes at the direction of the Department a minimum of twice annually to advise the Department on the development, implementation and evaluation of the PCEN. Program revisions are based on evaluation reports and recommendations from the NAC.

PCEN Tiers 1 and 2 provide evidence-informed, community-based education about colorectal, ovarian, prostate, and skin cancers through educational modules approved by the Department (Appendix U, PCEN Cancer Education Module). Colorectal, ovarian, prostate, and skin cancer education is offered free to the community, with a focus on the importance of cancer prevention and early detection,

recognizing personal risk factors and the importance of discussing appropriate screenings for early detection with a health care provider. Cancer education is provided through individual or group interactive presentations, printed materials, and online learning modules. PCEN education occurs year-round. The Network Evaluator provides evaluation services and analyses of PCEN outcomes and effectiveness. The Evaluator is also responsible for the management and enhancement of the Department's web-based data collection system (Data Warehouse), which is used by all PCEN tiers for collecting program data. See Appendix R, DOH Administrator Training Manual, for web address and overview of the Data Warehouse.

The Network Evaluator shall build upon and enhance the PCEN evaluation plan and logic models, incorporating short-, mid-, and long-term objectives that are SMART - Specific, Measurable, Attainable, Realistic, and Time-phased. See Appendix S, Generic Cancer Education Logic Model. The overall objective of the Network Evaluator is to guide the Department in advancing the evaluation plan of the PCEN to meet the Department's data-driven management performance measures, which include: 1.) the numbers of people educated statewide and geographic locale of those educated, 2.) participants' satisfaction with the program, and 3.) the change in knowledge, attitude, and intention to be screened.

The evaluation plan for PCEN includes: logic models; data collection methodology including maintenance and operation of the PCEN Data Warehouse, data collection from the District Grantees and County and Municipal Health Departments; analysis methodology; and process for evaluating progress in meeting goals and objectives and making changes for future development of PCEN. The current plan and logic models shall be utilized as a basis for continuity of data collection and analysis. When appropriate and agreed upon by the Network Evaluator and the Department, modifications to the evaluation design shall be made and implemented to advance the effectiveness of PCEN programs. The data collected to monitor behavioral change is similar to the current Behavioral Risk Factor Surveillance System (BRFSS) and other national standards of reporting outcomes, including Behavioral Risk Factor Surveillance System (BRFSS), epidemiological incidence, mortality, and late stage diagnosis rates from the Pennsylvania Cancer Registry. PCEN data shall be collected and analyzed from throughout the state, as well as within geographical areas represented by the PCEN District Grantees and County and Municipal Health Departments.

The Data Warehouse (Appendix R, DOH Administrator Training Manual), educational modules (Appendix U, PCEN Cancer Education Module), and evaluation design shall be expanded by the Department to incorporate additional chronic disease programs.

The evaluation shall be designed so that findings may be useful for the Department, the PCEN 2 tier structure (CMHDs, and DGs) and may be used to recommend changes to PCEN programming. The evaluation shall include the evaluative purpose (including formative, summative, and developmental), data (including quantitative, qualitative, and mixed), design (including naturalistic and experimental), and focus (may include processes, outcomes, impacts, costs, and cost-benefit), as agreed upon by the Department and Network Evaluator.

COMPONENT 2: WISEWOMAN PROGRAM

The Pennsylvania WISEWOMAN Program is being implemented in selected HealthyWoman Program (HWP) clinical sites in the southeast and western regions of the state. Expansion to other clinical sites across the Commonwealth will be based on need, funding levels and capacity. Cardiovascular screening, medical referral, and lifestyle intervention services are delivered to eligible women (clients) enrolled in the statewide breast and cervical cancer screening program, the (HWP). The Department contracts with the HWP screening provider to conduct the cardiovascular screening, risk reduction counseling, goal setting, and lifestyle interventions at the same sites. The screening contractor also links with community partners to provide additional lifestyle intervention options for the enrolled clients. All lifestyle interventions must comply with the CDC-approved module entitled, *A New Leaf*. Information about the mission and goals of the CDC WISEWOMAN program can be found at the CDC website, <http://www.cdc.gov/WISEWOMAN/>.

The Department provides the structure, forms, policies and procedures manual, *A New Leaf* manual, data entry protocol, training, and program management support to implementation while the Offeror provides

direct oversight of service delivery. CDC has determined that evaluation is high priority component of the program in order to assure that the program is being implemented with fidelity and that evaluation assures the continuous improvement of the program.

The successful Offeror shall lead the Department's evaluation following the guidance provided by the CDC, by either developing a plan or using an existing plan that is augmented by the Offeror, as approved by the Department, for each state-determined critical question. The successful Offeror shall develop sustainable evaluation tools and methodology for use by the Department.

COMPONENT 3: COLORECTAL CANCER CONTROL PROGRAM

The Pennsylvania Colorectal Cancer Control Program is being implemented in Year 1 in Philadelphia County. The purpose of the program is to: 1) implement system and policy changes that will lead to an increase in colorectal cancer (CRC) screening for the target population; 2) increase public awareness and professional education about CRC through evidence-based education programs and 3) establish and integrate CRC screening programs with existing CRC screening programs (Pennsylvania HealthyWoman Program) in the Southeast region, in order to increase population-based CRC screening among persons 50-64 years of age, focusing on asymptomatic persons at average risk for CRC with low incomes (200% of the Federal Poverty Guidelines) and inadequate or no health insurance coverage for CRC screening.

Evaluation is an important component of the program to assure that the Colorectal Cancer Control Program is being implemented with fidelity (as intended), and to assure continuous improvement of the program.

The successful Offeror shall lead the Department's evaluation of services using the 6-step CDC Evaluation Framework, including the following steps: engage stakeholders; describe the program; focus the evaluation design; gather credible evidence; justify conclusions; and ensure use and share lessons learned.

COMPONENT 4: COMPREHENSIVE CANCER CONTROL PLAN

The Pennsylvania Cancer Control Prevention and Research Act (Act 224; now Act 33) established an 11-member Cancer Control, Prevention and Research Advisory Board (CAB) that advises the Secretary of Health on cancer control and prevention-related issues. The law also requires the Department to develop the state's cancer plan, the Pennsylvania Comprehensive Cancer Control Plan (Plan). A copy of the Plan can be found at the following Department website:

<http://www.portal.state.pa.us/portal/server.pt/community/cancer/14165>

The purpose of the this evaluation is to conduct a comprehensive, scientifically rigorous, evaluation of comprehensive cancer control (CCC) implementation efforts statewide across the continuum of care which includes prevention and early detection, education and screening, treatment, and quality of life. Organizations and communities work independently or collaboratively to implement programs that contribute to the accomplishment of Plan goals and objectives and ultimately to reduce the burden of cancer.

Evaluating statewide CCC efforts is critical to understanding the accomplishments made by communities and organizations in implementing programs that address plan goals and objectives, identify accomplishments and impact to reduce the burden of cancer, and reflect on emerging needs and issues in cancer prevention, detection, and care.

The successful Offeror shall lead the Department's evaluation to design an evaluation plan and tools to conduct the evaluation of comprehensive cancer control efforts in Pennsylvania.

IV-3. Requirements.

COMPONENT 1: PENNSYLVANIA CANCER EDUCATION NETWORK

In addition to the required duties and responsibilities noted in Specific Objectives above, the resulting Contract shall require the following:

- A. Submitting of full versions of any changes to the Data Warehouse or evaluation plan to the Department for approval prior to release to PCEN grantees.
- B. Informing the Department in writing of any changes in key personnel, within 10 business days after the staff changes occurred.
- C. Becoming a member of the Network Advisory Committee (NAC) and make reports during semi-annual NAC meetings. PCEN program revisions will be based on evaluation reports and recommendations of the NAC.
- D. Acknowledging the Department as the granting agency, and be approved in writing by the Department, prior to releasing any publication or media release throughout the life of the resulting contract, or following the end of the resulting contract for reporting on activities using funding from the resulting contract. The release of information includes any use of PCEN data or products of analysis for written or oral presentations or academic assignments.
- E. Providing hardware, software, hosting, security, technical support, and backup of all production data, sources code, other components, and management oversight as required to maintain the Department's web-based data system. The Department staff shall have system administrator privileges and full access rights to all records entered into the database. All applications must follow Application Development guidelines established by the Governor's Office of Administration/Office for Information Technology, found at:
<http://www.portal.state.pa.us/portal/server.pt?open=512&objID=416&PageID=210791&mode=2>.
Following the end of the resulting contract period, the server and all data shall be transferred back to the Department or to another contractor as designated by the Department.
- F. Adapting the latest scientific evidenced-based findings and guidelines into the evaluation design as directed by the Department.
- G. Returning all data and analysis generated from the program to the Department.
- H. Providing full electronic copies and written documentation of all data analysis query language, report templates, and other data analysis products.
- I. Identifying and submitting cost sharing in the amount of 10% of the federal funds awarded and reported in a format as directed by the Department.

COMPONENT 2: WISEWOMAN PROGRAM

In addition to the required duties and responsibilities noted in Specific Objectives above, the resulting Contract shall require the following:

- A. Informing the Department in writing of any changes in key personnel, within 10 business days after the staff changes occurred.
- B. Acknowledging the Department as the granting agency, and be approved in writing by the Department, prior to releasing any publication or media release throughout the life of the resulting contract, or following the end of the resulting contract for reporting on activities using funding from the contract. This includes any use of WISEWOMAN data or products of analysis for written or oral presentations or academic assignments.
- C. Providing hardware, software, hosting, and management required to maintain all systems used for the evaluation of WISEWOMAN.
- D. Providing full electronic copies and written documentation of all data analysis query language, report templates, and other data analysis products.
- E. Complying with the Health Insurance Portability and Accountability Act (HIPAA). Submit the signed Business Associate Agreement. See Appendix P: Business Associate Agreement.

COMPONENT 3: COLORECTAL CANCER CONTROL PROGRAM

In addition to the required duties and responsibilities noted in Specific Objectives above, the resulting Contract shall require the following:

- A. Informing the Department in writing of any changes in key personnel, within 10 business days after the staff changes occurred.
- B. Acknowledging the Department as the granting agency, and be approved in writing by the Department, prior to releasing any publication or media release throughout the life of the resulting contract, or following the end of the resulting contract for reporting on activities using

- funding from the contract. This includes any use of colorectal data or products of analysis for written or oral presentations or academic assignments.
- C. Providing hardware, software, hosting, and management required to maintain all systems used for the evaluation of the Colorectal Cancer Control Program.
 - D. Returning all data and analysis generated from the program to the Department.
 - E. Identifying and submitting documentation of cost sharing in the amount of 10% of the federal funds awarded and reported in a format as directed by the Department.

COMPONENT 4: COMPREHENSIVE CANCER CONTROL PLAN

In addition to the required duties and responsibilities noted in Specific Objectives above, the resulting Contract shall require the following:

- A. Informing the Department in writing of any changes in key personnel, within 10 business days after the staff changes occurred.
- B. Acknowledging the Department as the granting agency, and be approved in writing by the Department, prior to releasing any publication or media release throughout the life of the resulting contract, or following the end of the resulting contract for reporting on activities using funding from the contract. This includes any use of comprehensive cancer control plan data or products of analysis for written or oral presentations or academic assignments.
- C. Providing hardware, software, hosting, and management required to maintain all systems used for the evaluation of the comprehensive cancer control plan.
- D. Returning all data and analysis generated from the program to the Department.
- E. Identifying and submitting documentation of cost sharing in the amount of 10% of the federal funds awarded and reported in a format as directed by the Department.

IV-4. Tasks

COMPONENT 1: PENNSYLVANIA CANCER EDUCATION NETWORK

Evaluation of PCEN:

- A. Based on continuous evaluation, modify evaluation design and protocols to meet the changing needs of the PCEN. Each modification will be done with the intent of bringing the PCEN closer to the goals of individual behavior change, which lead to improved well-being. Modification based on program outcomes is one of the most important tasks and one that requires methodological rigor and frequent communication with the Department staff. Pathways and variables may change and the resulting Contractor must be able to make recommendations to the Department to modify the evaluation/methodology approach for specific modules that include colorectal, ovarian, prostate cancers, other cancers as directed by the Department and the integration of cancer topics with chronic diseases.
- B. Measure program process, impact, and outcomes. Outcome evaluation will include short-term, mid-term, and long-term evaluation on cancer incidence, morbidity, and mortality of selected cancers in Pennsylvania.
- C. Review and modify the evaluation plan, as needed based on impact changes identified from the on-going data analysis, complete with logic models, standardized uniform reporting instruments, data collection system, and further analyses.
- D. Use data mining techniques and other statistical methodologies to evaluate and analyze data collected in the Data Warehouse for current and historical data on community characteristics, PCEN characteristics, and health outcomes.
- E. Measure the degree of behavioral change and the community knowledge levels, change in community attitudes related to cancer screenings, and cancer-protective behaviors among at-risk populations.
- F. Use a systematic approach across cancer topics to collect information about activities, demographics of priority populations (e.g., age, race, gender, and socioeconomic status of community participants); cancer screening, behavioral change, and incidence, late stage diagnosis, and mortality data in priority counties and statewide. Follow-up will be required with participants to determine behavior change. Systematic approach changes or change of theory may be needed based on the review of data collected should the impact not meet expected levels.

- G. Modify existing PCEN logic models for the project or develop new logic models contingent on the integration of chronic disease with cancer topics or the addition of cancer topics and chronic diseases. (See Tasks. IV-4.a)
- H. Review and modify, with the Department and NAC, reporting/evaluation instruments on all cancer educational modules for colorectal, ovarian, and prostate cancers or any other chronic disease education identified by the Department. Identify barriers and recommend solutions for NAC consideration and approval.
- I. Evaluate PCEN pre- and post-test data to determine short-, mid-, and long-term outcomes, including, but not limited to, knowledge changes, attitude changes, and intention to be screened.
- J. Evaluate the changes in intention to be screened for cancer among all participants and among disparate populations.
- K. Evaluate all aspects of the Network, its operation, and its correlation with other chronic disease programs, and recommend changes to improve outcomes, based on evaluation findings.
- L. Evaluate the implementation and effectiveness of games and online training modules used by PCEN 2 tier structure (CMHDs, and DGs) and the public. Based on evaluation of games and online modules, make recommendations to the Department for changes to the PCEN procedures and protocols and tools.
- M. Use results of ongoing evaluation to develop interactive games and online modules to enhance cancer and chronic disease prevention education.
- N. Analyze performance measures of PCEN 2 tier structure (CMHDs, and DGs) and assist the Department in modifying or creating new performance measures, based on evaluation outcomes.
- O. Develop methodology for recording and analyzing outcomes of cancer education programs provided by partners of PCEN 2 tier structure (CMHDs, and DGs).
- P. Evaluate and analyze individual PCEN 2 tier structure (CMHDs, and DGs) outcomes, as well as statewide outcomes, at intervals determined by the Department.
- Q. Adhere to the approved protocol and schedule for conducting six month follow-up sampling and analysis, using data collected prior to the beginning of the resulting contract period. See Appendix V, PCEN Six-Month Follow-up Sampling Protocol. Changes suggested to the follow-up protocol if warranted by findings of preliminary analysis must have written approval by the Department.
- R. Provide proficiency in development sampling and methodology protocols for PCEN and any cancer or chronic disease topics as determined by the Department.
- S. Seek opportunities to present PCEN evaluation findings at the local, state, and national level, through oral presentations, poster presentations, and journal articles.

Data Warehouse Management of PCEN:

- A. Provide web-based data system hosting, maintenance, security, system support, and backup of all production data, source code, and database components for the PCEN data system.
- B. Arrange to transfer the existing server with all data and historical records from the previous Contractor's site to the Offeror's site.
- C. Accept and utilize the current server, existing data and historical records from the previous contractor's database server and ensure server capacity is upgraded as needed to provide uninterrupted data collection.
- D. Follow all Commonwealth Information Technology Bulletins (ITBs) in the development of this project. Commonwealth ITBs can be located at the following location: <http://www.portal.state.pa.us/portal/server.pt?open=512&objID=416&PageID=210791&mode=2>
- E. Provide on an annual basis or as the database source code is updated, the complete programming source code, free of compile errors to the Department. The source code shall contain all application source code, database/data warehouse components, schemas, and all other components necessary to implement and host the developed system(s) on Commonwealth equipment.

- F. Utilize multi-level integrated Data Warehouse for the collection and storage of data to be analyzed for current and historical data on community characteristics, network characteristics, and health outcomes.
- G. Collect data using the web-based Data Warehouse from the PCEN 2 tier structure (CMHDs, and DGs) for colorectal, skin, prostate, and ovarian cancer education. Expand data collection to include additional grantees and/or additional cancer and chronic disease modules, as added relative to integration with other chronic disease programs. See Appendix R, DOH Administrator Training Manual, for the website URL and log-in instructions to view the test site of the Data Warehouse.
- H. Perform routine backups of all database files associated with the Data Warehouse. A copy of these backups shall be stored in a secure off-site readily accessible location. Backups shall be made available to Department staff within 48 business hours of request.
- I. Maintain a Disaster Recovery (DR) site at an alternate location capable of hosting the complete Data Warehouse system in the event the primary site is unusable or destroyed. The DR site shall be available for production use within 5 working days of the loss of the primary site.
- J. Take necessary and appropriate steps to ensure the security and confidentiality of the Department's data, including, but not limited to, firewall and network security, forcing 128-bit SSL encryption to the web application, and keeping the hosted web and database servers up-to-date with the latest vendor-supplied security patches per published Commonwealth ITBs.
- K. Operate the Data Warehouse for purposes of evaluation and program management. Using the existing electronic Data Warehouse, the Offeror shall provide maintenance and enhancements, system support, and online guidance as needed. As needed, the Offeror shall design modifications to collect and evaluate data for chronic diseases, other cancers and continuum of care modules as directed by the Department.
- L. Establish routine data cleaning processes in conjunction with the Department for detection and correction of errors in the dataset. Detection routines may include descriptive statistics, scatterplots, and histograms as described with the use of Statistical Package for Social Sciences (SPSS) or other packages, such as Epi Info. Modification to the Data Warehouse screens and procedures are implemented as steps to remove and correct data to avoid wrong conclusions or prevent using the data for tracking and decision making.
- M. Provide training to Department staff and Data Warehouse users when enhancements are made to the Data Warehouse, or as requested by the Department.
- N. Create reports for the Department and Program Managers for monitoring and tracking program performance, including, but not limited to, program participation, completeness of forms, participant demographics, and duplicate participant records; or other reports as requested by the Department.
- O. Utilize Geospatial Information Systems (GIS) mapping software to identify high priority areas and locations that are overrepresented or underserved by PCEN programs. GIS maps shall be utilized to present data in a visual manner to the Department, Program Managers, and for presentation purposes as requested by the Department.
- P. Enhance Data Warehouse to allow for input of data from alternate sources as they become available, such as audience response systems that allow audience members to respond to survey questions using handheld electronic keypads.
- Q. Develop database training modules and certification protocol for PCEN Health Educators throughout the state, in conjunction with the Department and based on evaluation of programs.
- R. Integrate enhanced methods of data-entry to reduce errors, reduce PCEN staff time for data entry, and improve timeliness and completeness of data reporting.
- S. Provide support by phone or e-mail for Data Warehouse users, and respond to any concerns within 48 hours of problem being reported.

COMPONENT 2: WISEWOMAN PROGRAM

- A. Develop or adapt an existing yearly evaluation plan that meets the Department and CDC guidelines for program evaluation. Adhere to tools provided by CDC in the design and

application of evaluation for WISEWOMAN, including but not limited to, the CDC Framework for Program Evaluation in Public Health. MMWR 1999; 48(No. RR-11) and, Appendix Y, CDC WISEWOMAN Program Evaluation Overview, Atlanta, GA: Centers for Disease Control and Prevention, 2008.

- B. Make recommendations and modify the evaluation approach and plans on a regular basis, based on evaluation results, and as needed and approved by the Department.
- C. Develop and implement evaluation methods utilizing tools such as: case studies; focus groups; interviews; cost analysis; data analysis; pre- and post-tests, site visit protocols, partnership assessment protocols, quality assurance/quality improvement audits, professional development sessions and other methods as needed.
- D. Conduct evaluations in the areas of direct service delivery, partnerships, program management, evaluation, and other areas as determined by the Department or CDC. Provide recommended changes to improve outcomes and adjust current and future evaluation plans, based on evaluation findings.
- E. Conduct and evaluate integrated approaches to the reduction of cardiovascular disease that focus on sustainable policy, systems, and environmental changes.
- F. Evaluate progress and data and then identify strengths and weaknesses. Conduct quantitative and qualitative data analysis, develop or modify Microsoft Access queries to develop a monthly report card using clinical data, semi-annual and contract end reports, assess delivery of feedback, and assess provider use of feedback.
- G. Evaluate the impact of client participation in programs and activities through short-term, intermediate, and long-term client outcomes.
- H. Evaluate provider site procedures, protocols, and data quality in accordance with the CDC guidelines, at intervals determined by the Department.
- I. Analyze performance measures and assist the Department in modifying or creating new performance measures, based on evaluation outcomes.
- J. Create queries using Microsoft Access to analyze screening and lifestyle intervention data to determine inconsistencies and issues needing further analysis by clinic sites, identify trends in data quality and program fidelity, and provide consistent data evaluation tools.
- K. Present and discuss progress with stakeholders at quarterly webinars or as needed.
- L. Seek opportunities to present evaluation findings at the local, state, and national level, through oral presentations, poster presentations, and journal articles.
- M. Develop opportunities for students in public health graduate programs to earn credits towards a degree program, through participating in the development, implementation, and evaluation of cardiovascular disease interventions.

COMPONENT 3: COLORECTAL CANCER CONTROL PROGRAM

- A. Review the existing evaluation plan, suggest modifications and revisions and submit to the Department for approval. The evaluation plan shall include:
 - 1. An evaluation module with timeline
 - 2. Identification of partners and stakeholders, and their role in carrying out the integrated screening programs and policy/system change approach
 - 3. Identification of priority goals and objectives for the program in conjunction with the Department
 - 4. Identification of short, mid, and long-term outcomes
 - 5. A logic model
 - 6. Prioritized overarching and evaluation questions
 - 7. Measurements and methods for evaluating implementation, program processes, and outcomes
- B. Identify barriers challenging the program start-up and implementation, which may include but are not limited to, pre-existing program infrastructure; partnerships; program champions; administrative barriers, and resource limitations.
- C. Work with the Department's selected grantees, as needed and identified by the department at a later time, to develop or revise standardized evaluation and data collection protocols and tools to measure screening, education, policy and system changes.
- D. Develop an analysis plan for implementation, process and outcome evaluation.

- E. Analyze both quantitative and qualitative collected data, to measure impact and outcomes, report on barriers and challenges, attainment of goals and objectives, and make recommendations for appropriate solutions to ensure population level change.
- F. Participate in conference calls and attend meetings convened by the Department.
- G. Participate in the Colorectal Cancer Advisory Committee (CCAC) as directed by the Department. The resulting Contractor shall review program protocols and policies and recommend changes as needed based on research and case studies.
- H. Submit abstracts for consideration for presentation at local, state and national conferences and submit articles for publication as directed and approved by the Department.
- I. At the direction of the Department, evaluate vendors' performance, including capacity to meet annual participant goals, education of target populations at designated sites accessible to the at-risk populations, formation and number of partnerships, and provider policy and system changes.
- J. Report current information on the number of pre- and post-test surveys entered into the PCEN Data Warehouse from presentations targeted to educate men and women age 50-64 in the Integrated Colorectal Cancer Screening and Education Program's selected counties as designated by the Department.
- K. Analyze evaluation data on 6-month follow-up surveys distributed at the direction of the Department to the PCEN 2 tier structure (CMHDs, and DGs) to collect information on the participants' changes in knowledge, risk reduction, screening behaviors, and early detection six-months after Network education.
- L. Utilize quantitative and qualitative data and information obtained to identify and collaborate in the development of success stories about Pennsylvania's Colorectal Cancer Control Program.
- M. Evaluate public education and provider systems' programs and make recommendations to modify and improve the program and systems.
- N. Measure short-, mid-, and long-term outcomes to allow consistent evaluation of program impact on target populations.
- O. Work with the Department's vendor to review procedures and policies, to evaluate the data collected and assess the impact of interventions implemented to improve practice measures to increase colorectal cancer screening.

COMPONENT 4: COMPREHENSIVE CANCER CONTROL PLAN

- A. Develop an evaluation plan and submit to the Department for written approval. The evaluation plan shall include:
 - 1. An evaluation module with timeline
 - 2. Identification of organizations and community efforts across the continuum of care, and their role in accomplishing plan goals, identifying accomplishments, and its impact to reduce the burden of cancer
 - 3. Identification of priority goals and objectives for the program in conjunction with the Department
 - 4. A logic model with short-, mid-, and long-term outcomes
 - 5. Prioritized overarching and evaluation questions
- B. Measurements and methods for evaluating implementation, and the extent to which Plan goals and objectives have been met
- C. Develop evaluation tools and data system to collect data to ensure survey data collected is secured and backed up and available to the department for review by staff.
- D. Identify barriers challenging the evaluation, which may include but are not limited to, organization administrative barriers and resource limitations.
- E. Measure Plan impact, and outcomes. Outcome evaluation will include short-term, mid-term, and long-term evaluation on cancer incidence, morbidity, late stage diagnosis and mortality of cancer in Pennsylvania.
- F. Develop an analysis plan to analyze both quantitative and qualitative collected data, to measure impact and outcomes, report on barriers and challenges, attainment of goals and objectives, and make recommendations for appropriate evaluation.

- G. Provide web-based data system hosting, maintenance, security, system support, and backup of all data, source code, and database components for the comprehensive cancer control accomplishments. The Offeror shall provide the Department with administrative privileges to all data and reports.
- H. Participate in conference calls and attend meetings convened by the Department.
- I. Participate in advisory board meetings as designated by the Department.
- J. Submit abstracts for consideration for presentation at local, state, national conferences and submit articles for publication as directed and approved by the Department.
- K. Follow all Commonwealth Information Technology Bulletins (ITBs) in the development of this project. Commonwealth ITBs can be located at the following location: <http://www.portal.state.pa.us/portal/server.pt?open=512&objID=416&PageID=210791&mode=2>
- L. Provide on an annual basis or as the database source code is updated, the complete programming source code, free of compile errors to the Department. The source code shall contain all application source code, database/data warehouse components, schemas, and all other components necessary to implement and host the developed system(s) on Commonwealth equipment.
- M. Following the end of the resulting contract period, the server and all data shall be transferred back to the Department or to another contractor as designated by the Department.

IV-5. Reports and Project Control.

- A. **Task Plan.** A work plan for each task that identifies the work elements of each task, the resources assigned to the task, and the time allotted to each element and the deliverable items to be produced. Where appropriate, a PERT or GANTT chart display should be used to show project, task, and time relationship.
- B. **Status Reports.** The resulting Contractor shall submit an electronic mid-term report of progress, issues, and activities to the Department within 180 days after the resulting contract effective date. The mid-term report shall, at a minimum, identify if activities are proceeding according to the project work plan, and explain any deviations from the project plan. The Department must approve in writing any changes to the scope or methodology of the project plan, during the term of the resulting contract. The resulting Contractor shall submit subsequent six-month progress reports, no later than 30 days after the end of the period.
 - 1. Adapt FY 2011-2012 evaluation plans as necessary and in agreement with the Department's specifications, within 60 days of the resulting contract start date, and submit annual evaluation plans in accordance with the CDC evaluation plan template and Department directives, by the date specified by the Department for each year of the resulting contract year.
 - 2. Submit status, final and other additional reports for the Department's preliminary review in the format and by the dates specified by the Department and in accordance with CDC directives.
 - 3. Include in all reports the results to date, lessons learned, and recommendations to implement to improve performance and outcome efforts for the resulting contract periods.
- C. **Data Report.** The resulting Contractor shall submit additional reports of data and evaluation findings as deemed necessary by the Department, and in a format established by the Department.
- D. **Final Report.** The final report shall be submitted 30 days after the end of the resulting contract and shall summarize the results of the work statement to date and lessons learned. The report

shall include the following components, and any additional components as requested by the Department:

1. Summarize the result of the project in terminology that will be meaningful to management and others generally familiar with the subject areas in a format as directed by the Department.
2. Describe data collection and analytical and other techniques used during the project.
3. Summarize findings, conclusions and recommendations developed in each task.
4. Include all supporting documentation; e.g., flow-charts, forms, questionnaires, etc.
5. Recommend a time-phased work plan for implementing the recommendations.
6. Summarize the final results, lessons learned through the contract periods and suggestions for future efforts.

IV-6. Contract Requirements—Disadvantaged Business Participation and Enterprise Zone Small Business Participation.

All contracts containing Disadvantaged Business participation and/or Enterprise Zone Small Business participation must also include a provision requiring the selected contractor to meet and maintain those commitments made to Disadvantaged Businesses and/or Enterprise Zone Small Businesses at the time of proposal submittal or contract negotiation, unless a change in the commitment is approved by the BMWBO. All contracts containing Disadvantaged Business participation and/or Enterprise Zone Small Business participation must include a provision requiring Small Disadvantaged Business subass, Enterprise Zone Small Business subcontractors and Small Disadvantaged Businesses or Enterprise Zone Small Businesses in a joint venture to perform at least **50%** of the subcontract or Small Disadvantaged Business/Enterprise Zone Small Business participation portion of the joint venture.

The selected contractor's commitments to Disadvantaged Businesses and/or Enterprise Zone Small Businesses made at the time of proposal submittal or contract negotiation shall be maintained throughout the term of the contract and through any renewal or extension of the contract. Any proposed change must be submitted to BMWBO, which will make a recommendation to the Contracting Officer regarding a course of action.

If a contract is assigned to another contractor, the new contractor must maintain the Disadvantaged Business participation and/or Enterprise Zone Small Business participation of the original contract.

The selected contractor shall complete the Prime Contractor's Quarterly Utilization Report (or similar type document containing the same information) and submit it to the contracting officer of the Department and BMWBO within **10** workdays at the end of each quarter the contract is in force. This information will be used to determine the actual dollar amount paid to Small Disadvantaged Business and/or Enterprise Zone Small Business subcontractors and suppliers, and Small Disadvantaged Business and/or Enterprise Zone Small Business participants involved in joint ventures. Also, this information will serve as a record of fulfillment of the commitment the selected contractor made and for which it received Disadvantaged Business and Enterprise Zone Small Business points. If there was no activity during the quarter then the form must be completed by stating "No activity in this quarter."

NOTE: EQUAL EMPLOYMENT OPPORTUNITY AND CONTRACT COMPLIANCE STATEMENTS REFERRING TO COMPANY EQUAL EMPLOYMENT OPPORTUNITY POLICIES OR PAST CONTRACT COMPLIANCE PRACTICES DO NOT CONSTITUTE PROOF OF DISADVANTAGED BUSINESSES

STATUS OR ENTITLE AN OFFEROR TO RECEIVE CREDIT FOR DISADVANTAGED BUSINESSES UTILIZATION.

CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

- a. The contractor must certify, in writing, for itself and all its subcontractors, that as of the date of its execution of any Commonwealth contract, that neither the contractor, nor any subcontractors, nor any suppliers are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the contractor cannot so certify, then it agrees to submit, along with the bid/proposal, a written explanation of why such certification cannot be made.
- b. The contractor must also certify, in writing, that as of the date of its execution, of any Commonwealth contract it has no tax liabilities or other Commonwealth obligations.
- c. The contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the contractor shall have an obligation to inform the contracting agency if, at any time during the term of the contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or any of its subcontractors are suspended or debarred by the Commonwealth, the federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the contractor to notify the contracting agency of its suspension or debarment by the Commonwealth, any other state, or the federal government shall constitute an event of default of the contract with the Commonwealth.
- e. The contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the contractor's compliance with the terms of this or any other agreement between the contractor and the Commonwealth, which results in the suspension or debarment of the contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The contractor shall not be responsible for investigative costs for investigations that do not result in the contractor's suspension or debarment.
- f. The contractor may obtain a current list of suspended and debarred Commonwealth contractors by either searching the Internet at <http://www.dgsweb.state.pa.us/debarmentlist/NonArchiveByCompany.asp?p=> or contacting the:

Department of General Services
 Office of Chief Counsel
 603 North Office Building
 Harrisburg, PA 17125
 Telephone No: (717) 783-6472
 FAX No: (717) 787-9138

IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.

2. Certification Regarding Application/Proposal/Bid Validity

This application/proposal/bid shall be valid for a period of 120 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposals/Invitation for Bid # 67-1.

BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER

PAYMENT PROVISIONS

The Department agrees to pay the Contractor for services rendered pursuant to this Contract as follows:

- A. Subject to the availability of state and federal funds and the other terms and conditions of this Contract, the Department will reimburse Contractor in accordance with Appendix C, and any subsequent amendments thereto, for the costs incurred in providing the services described in this Contract.
- B. Payment to the Contractor shall be made in accordance with the Budget set forth in Appendix C, and any subsequent amendments thereto, as follows:
1. The Department shall have the right to disapprove any expenditure made by the Contractor that is not in accordance with the terms of this Contract and adjust any payment to the Contractor accordingly.
 2. Payments will be made monthly upon submission of an itemized invoice for services rendered pursuant to this Contract using the invoice format in Attachment 1 to this Appendix.
 3. An original invoice shall be sent by the Contractor directly to the address as listed in Attachment 1 to this Appendix. Documentation supporting that expenditures were made in accordance with the Contract budget shall be sent by the Contractor to the Project Officer.
 4. The Contractor has the option to reallocate funds between and within budget categories, subject to the following criteria:
 - a. Reallocation of funds between budget categories by the Contractor shall not occur more than once each half of the state fiscal year and the cumulative reallocation of funds between budget categories shall not exceed 10 percent of the amount budgeted for the category to which the funds are being transferred or from which the funds are being transferred during the state fiscal year. The Contractor shall promptly notify the Department in writing of such transfers. Reallocation of funds between budget categories exceeding 10 percent, requires prior written approval by the Department. Reallocation (budget revision) requests shall be submitted to the Project Officer of the Department of Health no later than April 15 of each state fiscal year.
 - b. Contractor may not reallocate funds to, or move funds within, the Personnel Services Category of the Budget (Appendix C), and any subsequent amendments thereto, to increase staff personnel or fringe benefit line items except that in the event the Contractor is subject to a collective bargaining agreement or other union agreement and, during the term of this Contract, salaries, hourly wages, or fringe benefits under this Contract are increased because of a renegotiation of that collective bargaining agreement or other union agreement. Contractor may reallocate funds to cover such increase. In such case, the Contractor must obtain the Department's prior written approval for such reallocation. Contractor shall submit to the Department written documentation of the new collective bargaining or other union agreement, which necessitates such reallocation. In addition, this paragraph is not intended to restrict any employee from receiving an increase in salary based on the employer's fee schedule for the job classification. However, all increases are subject to the availability of funds awarded under this Contract. The Commonwealth is not obligated to increase the amount of award.
 5. Unless otherwise specified elsewhere in this Contract, the following shall apply. Contractor shall submit monthly invoices within 30 days from the last day of the month within which the work is performed. The final invoice shall be submitted within 45 days of the Contract's termination date. The Department will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless the Department agrees to an extension of these requirements in writing. The Contractor shall be reimbursed only for services acceptable to the Department.
 6. The Department, at its option, may withhold the last 20 percent of reimbursement due under this Contract, until the Project Officer has determined that all work and services required under this Contract have been performed or delivered in a manner acceptable to the Department.
 7. The Commonwealth will make payments through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network

as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf and can be completed online, as applicable.

- a. Within 10 days of award of the Contract or Purchase Order, the Contractor must submit or must have submitted its ACH information within its user profile in the Commonwealth's procurement system (SRM). At the time of submitting ACH information, the Contractor will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the Grant Agreement, the Contractor must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9th Floor, Harrisburg, PA 17101.
- b. The Contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the Contractor to properly apply the state agency's payment to the invoice submitted.
- c. It is the responsibility of the Contractor to ensure that the ACH information contained in SRM (for Contracts or Purchase Orders) or in the Commonwealth's Central Vendor Master File (for Grant Agreements) is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
- d. In the event this language conflicts with language contained elsewhere in this agreement, the language contained herein shall control.