

KEY INFORMATION SUMMARY SHEET

JBS International, Inc.

Request for Proposals Support for Evidence Based Adult Immunization and HPV Health Projects

RFP Issue Date: December 3, 2012

RFP Issuing Office: Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852
Phone: 240-645-4567
Email: vaccineproposal2012@jbsinternational.com
Project Website: <http://nvpo.jbsinternational.com>

RFP Questions & Answers: Rolling, through Monday, December 17, 2012
by 5:00 p.m., EST

Email: vaccineproposal2012@jbsinternational.com

Phone: 1-800-839-6324 during business hours
(9:00 a.m. – 5:00 p.m., EST, Monday-Friday)

Send Proposals to: JBS International, Inc.
(electronically or by mail) vaccineproposal2012@jbsinternational.com

Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852

Closing Date and Time: Friday, December 21, 2012
3:00 p.m., EST

1. JBS International, Inc. Background

Established in 1985, [JBS International, Inc.](#) delivers management consulting services to Government and private-sector clients in the United States and countries around the world. From its beginning, JBS has specialized in helping its clients address problems related to public health. JBS provides logistical and clinical support, and has extensive experience managing subcontracts, planning meetings, aiding with travel arrangements, and providing support to regional and local organizations.

2. National Vaccine Plan

Improving adult immunization levels is a national health priority. Each year, more than 40,000 American adults—including working-age men and women, healthcare workers, seniors, and others—die, and hundreds of thousands more are hospitalized, from diseases that can be inexpensively prevented by immunization. In general, vaccines are extremely cost-effective agents and are one of the few public health interventions that may directly lower medical costs to the individual.

Vaccines hold amazing potential for a healthier, stronger America. With 90 percent of children immunized, the success of children's immunization in the United States needs to be applied to adult populations. The barriers to adult vaccinations are challenging and nuanced, and educating health providers, as well as the public, is key.

The [2010 National Vaccine Plan](#) provides a framework, including goals, objectives, and strategies, for pursuing the prevention of infectious diseases through immunizations.

The National Vaccine Plan has five goals:

- Goal 1: Develop new and improved vaccines
- Goal 2: Enhance the vaccine safety system
- Goal 3: Support communications to enhance informed vaccine decision-making
- Goal 4: Ensure a stable supply of, access to, and better use of recommended vaccines in the United States
- Goal 5: Increase global prevention of death and disease through safe and effective vaccination

[Healthy People 2020](#) strives to increase immunization rates and reduce preventable infectious diseases. Its objectives include targets for reducing vaccine-preventable disease rates and increasing vaccine coverage among adolescents and adults by accomplishing the following: (i) increasing routine vaccination coverage levels for adolescents against human papillomavirus (HPV), (ii) increasing the proportion of adults who are vaccinated annually against seasonal influenza, and (iii) increasing the percentage of adults who are vaccinated against pneumococcal, zoster (shingles), and tetanus, diphtheria, and pertussis (Tdap), as outlined in the Centers for Disease Control and Prevention (CDC) [adult immunization schedule](#).

The following data highlight the need to accelerate efforts to increase adult immunization coverage among select preventable illnesses:

Vaccine	Healthy People 2020 Targets ¹	Coverage
Pneumococcal Non-institutionalized adults over age 65	90%	59.7% ²
Zoster (shingles)	30%	14.4% ²
Influenza Adults over age 18	80%	41.1% ³
Influenza High risk adults ages 18-49	90%	35.4% ³
Human Papillomavirus (HPV) Females 13-15	80%	16.6% ⁴

3. Purpose of the Request for Proposal

JBS International, Inc. seeks to competitively award evidence-based projects that enhance disease prevention initiatives and improve health outcomes by:

- Increasing routine HPV vaccination coverage for adolescents and persons up to 24 years
- Increasing the proportion of adults vaccinated annually against seasonal influenza
- Increasing the percentage of adults vaccinated against pneumococcal, zoster, or Tdap

[Please note: For the purpose of this funding opportunity, HPV activities cover adolescents and persons up to 24 years of age. Adolescents are described as persons 11 to 17 years of age. Adults are described as persons 18-65 years of age. The elderly are described as persons >65 years of age.]

Projects shall align with the goals (and targeted objectives/strategies) described in the [2010 National Vaccine Plan](#), such that they:

- Support communication to enhance informed vaccine decision making
- Help to improve access to vaccines and coverage rates
- Increase awareness of the benefits of preventing death and disease through safe and effective vaccinations

Funded projects must successfully demonstrate how proposed **HPV and/or adult immunization activities** will utilize innovative, evidence-based [strategies](#) (as recommended by the Centers for Disease Control and Prevention (CDC) and the Community Preventive Services Task Force (CPSTF)) to strengthen existing immunization systems.

¹ <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23>

² Centers for Disease Control and Prevention. Adult Vaccination Coverage - United States, 2010. MMWR 2012;61, pages 66-72: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6104a2.htm?s_cid=mm6104a2_x

³ <http://www.cdc.gov/flu/pdf/professionals/vaccination/fluvacsurvey.pdf>

⁴ http://www.healthindicators.gov/Indicators/HPVvaccinationamongadolescents_1013/Profile/Data

CPSTF recommends that effective interventions to increase vaccination coverage among high-risk adult populations (<http://www.thecommunityguide.org/vaccines/universally/index.html>) consist of activities that:

- a. Enhance access to vaccination services
- b. Increase community demand for vaccinations
- c. Offer provider- or system-based interventions
- d. Include coordinated partnerships at a community/local level

CPSTF Recommended Strategies to Effectively Increase Adult Vaccination Rates http://www2a.cdc.gov/vaccines/ed/whatworks/strategies_list.asp
Standing Orders: A written order stipulating that all persons meeting certain criteria (i.e., age or underlying medical condition) should be vaccinated; thus eliminating the need for individual physician's orders for each patient.
Computerized Record Reminders: The computer can print a list of possible reminders that appear on a patient's record. The software can be programmed to determine the dates that certain preventive procedures are due or past due and then print computer-generated reminder messages, usually overnight, for patients with visits scheduled for the next day.
Chart Reminders: Chart reminders can be as simple as a colorful sticker on the chart or can be a comprehensive checklist of preventive services including vaccinations. Reminders to physicians that patient vaccinations are due or overdue should be prominently placed in the chart. Reminders that require some type of acknowledgment, even a simple checkmark by the physician, are more effective.
Performance Feedback: Provider assessment and feedback involves retrospectively evaluating the performance of providers in delivering one or more vaccinations to a client population and then reviewing their assessment data with providers.
Home Visits: Home visits involve providing face-to-face services to clients in their homes. These services can include education about vaccine-preventable diseases and vaccines, assessment of need for or referral to vaccination services, and delivery of vaccinations. Home-visiting interventions can also involve telephone or mail reminders.
Mailed/Telephone Reminders: To implement this reminder/recall strategy, medical staff either call the patient or send a postcard/letter reminding the patient that a vaccination is due (reminder) or overdue (recall) and offer the patient the opportunity to schedule an appointment.
Expanding Access in Health Care Settings: Expanding access can include 1) reducing the distance patients must travel to receive vaccination services, 2) increasing, or making more convenient, the hours during which vaccination services are provided, 3) delivering vaccinations in settings previously not used, and/or 4) reducing administrative barriers to vaccination (e.g., drop-in clinics or express lane vaccination services).

Patient Education: Patients coming in for a scheduled appointment are handed an information sheet to review in the practice waiting room, prior to hospital discharge, or upon admission to a long-term care facility.

Personal Health Records: Personal health records (PHRs) are issued to patients (either given to patients at the time of a visit or mailed) and contain a preventive care schedule, including recommended times to receive vaccinations.

4. Proposal Requirements

Eligible applicants are invited to submit a proposal for one of the following funding opportunities specific to either (i) *Community Interventions* or (ii) *Systems Interventions*. Applicants may apply for one award only.

A. Community Interventions:

Organizations eligible to submit proposals under the Community Intervention category include public and private non-profit organizations; community and faith-based organizations; community health centers and workers; health departments; and tribal and urban Indian organizations that operate under the Regional Offices led by a Regional Health Administrator.

Community Intervention proposals will be funded up to a maximum amount of \$10,000.

Proposals for Community Intervention activities shall consist of targeted outreach to specified populations:

- a. HPV target populations (adolescents and persons up to 24 years of age)
- b. Adults 18-65 years of age
- c. Adults 18-65 years of age suffering with chronic health diseases (also known as high-risk)
- d. The elderly (over 65 years of age)
- e. Pregnant women
- f. Underserved populations

The following focus areas are strongly encouraged:

- a. Promote public awareness about the value of vaccinations; with attention to how racial and ethnic disparities influence immunization rates
- b. Provide information to target populations about the benefits of immunizations and where to go to receive them
- c. Provide education to target populations about the increased risk of vaccine-preventable diseases due to asthma, diabetes, and other chronic diseases
- d. Initiate and/or promote patient immunization reminders

Community Intervention proposals should include one or more known CPSTF recommended [strategies](#) (described above). Sample projects may include, but are not limited to: community outreach/education activities; developing vaccination reminder/recall systems; creating media messaging. Innovative approaches which offer a strong rationale and an evaluation metric will also be considered.

B. Systems Interventions:

Organizations eligible to submit proposals under the Systems Intervention category include coalitions; state, county, and local public health organizations; advocacy groups; organizations specific to physicians, nurses, pharmacists, physician assistants, nurse mid-wives, and community vaccinators; insurance providers and billing organizations; academic institutions and centers; colleges and universities; hospitals; and health professional organizations. Previous experience in the area of adult immunizations is required.

Systems Intervention proposals will be funded up to a maximum amount of \$50,000.

Proposals under the Systems Intervention category should include activities that promote **systems change specific to adult immunizations**. Projects shall also address recommendations from the [2012 National Adult Immunization Summit](#); namely those that:

- a. Evaluate and standardize quality and performance measures for adult immunizations
- b. Improve and expand upon immunization information systems
- c. Develop and/or improve immunization education and outreach campaigns for providers patients, and other targeted champions
- d. Reduce administrative payment barriers or those due to lack of coordination
- e. Increase engagement among employers, employee groups, and insurance providers

Focused proposed activities shall also fit into at least one of the four target categories (see below with examples):

1. **Increasing Provider Education** (e.g., implementing reminder systems in provider offices; and sponsoring provider forums or webinars to enhance awareness and adherence to recommended immunization schedules)
2. **Improving Patient Education** (e.g., hosting community health fairs, health walks, or other events to promote/educate patients about the importance of vaccinations; and creating a social media campaign to generate awareness about the benefits of receiving vaccinations)
3. **Expanding Access to Vaccinations** (e.g., building community networking opportunities; conducting interventions designed to eliminate or decrease barriers to adult immunizations; and organizing community vaccination programs)
4. **Reducing Health Disparities** (e.g., providing outreach to populations in targeted geographical regions; and identifying culturally sensitive/competent strategies to encourage vaccinations)

Systems Intervention proposals should include one or more known CPSTF recommended [strategies](#) (described above). Sample projects may include, but are not limited to: developing toolkits to improve and simplify immunization related billing/coding practices; convening stakeholders to boost immunization access for uninsured adults; and offering provider training to encourage office-wide behavior change.

5. Available Funding

Funding is available to support HVP and adult immunization activities, events, meetings, and other projects that promote a better system of prevention for adults in the United States and its affiliated Territories.

This is a competitive process, and a limited number of awards are available.

A. Community Interventions:

Community Intervention proposals will be funded up to a maximum amount of \$10,000.

B. Systems Interventions:

Systems Intervention proposals will be funded up to a maximum amount of \$50,000.

Funded activities for Community Interventions and Systems Interventions cannot support the direct purchase of vaccines. Unless authorized in writing by JBS International, Inc., the costs of the following items or activities are also not permitted:

- a. Acquisition, by purchase or lease, of any interest in real property
- b. Special rearrangement or alteration of facilities
- c. Accountable property (defined as both real and personal property with an acquisition cost of \$1,000 or more, with a life expectancy of more than two years)
- d. Purchase or lease of any personal computer, related item of hardware, or software, regardless of dollar value
- e. Travel to attend general professional meetings
- f. Foreign travel
- g. Any costs incurred prior to the contract's effective date
- h. Rental of meeting space not otherwise expressly authorized by JBS International, Inc.
- i. Any formal second tier subcontract arrangement
- j. Consultant fees in excess of \$450 per day
- k. Cost of delivery of any vouchers using other than the United States Postal Service (USPS) standard mail service
- l. Airfare in excess of \$1,000
- m. Cost of food and/or light refreshments for meetings, not including per diem cost

6. Eligible Applicants

Funding is available to eligible entities located in the 50 States, the District of Columbia, the 6 U.S.-Affiliated Pacific Island Jurisdictions, Puerto Rico, and the U.S. Virgin Islands. Pharmaceutical companies and vaccine manufacturers/distributors are not eligible to apply.

A. Community Interventions:

Eligible entities for the Community Intervention proposal include public and private non-profit organizations; community and faith-based organizations; community health centers and workers; health departments; and tribal and urban Indian organizations. Community-based partnerships and collaborations are strongly encouraged.

B. Systems Interventions:

Eligible organizations for the Systems Intervention proposal include coalitions; state, county, and local public health organizations; advocacy groups; organizations specific to physicians, nurses, pharmacists, physician assistants, nurse mid-wives, and community vaccinators; insurance providers and billing organizations; academic institutions and centers; colleges and universities; hospitals; and health professional organizations. Previous experience in the area of adult immunizations is required.

7. Submission Instructions

A complete proposal will include the following elements:

A. Cover Sheet (see Appendix A for the Cover Sheet Template)

- a. Date of submission
- b. Project title
- c. Name of applicant organization
- d. Applicant address (street address, city, state, and zip code)
- e. Authorized representative name, title, telephone number, email address
- f. Alternate representative name, title, telephone number, and email address
- g. Applicable funding category (select one):
 - i. Community Interventions
 - ii. Systems Interventions
- h. Applicable target category/categories for the project (for System Interventions only):
 - i. Increasing Provider Education
 - ii. Improving Patient Education
 - iii. Expanding Access to Vaccinations
 - iv. Reducing Health Disparities
- i. Signature of authorized (or alternate) representative
A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgement of this condition shall be indicated by the signature of a representative legally authorized to execute contractual obligations. The signature acknowledges all terms and conditions of this invitation. If submitted via e-mail, a typed electronic signature with the statement “this typed signature represents an official signature” is acceptable).

B. Organizational Background

The following organizational background items should be provided:

- a. Description of the organization’s mission, history, and services
- b. Description of the geographic area and population served

C. Project Description

The following project descriptions should be provided:

- a. Description of the proposed project
- b. Description of how the project aligns with the applicable target category/categories (for Systems Interventions only):
 - i. Increasing Provider Education
 - ii. Improving Patient Education
 - iii. Expanding Access to Vaccinations
 - iv. Reducing Health Disparities
- c. Description of how the project supports CPSTF recommendations of effective vaccine-related interventions or strategies that:
 - i. Enhance access to vaccination services
 - ii. Increase community demand for vaccinations
 - iii. Offer provider- or system-based interventions
 - iv. Include coordinated partnerships at a community/local level
- d. Description of the proposed target population
- e. Description of the demonstrated need for the project
- f. Description of proposed partners and their contributions
- g. Description of the proposed project goals and objectives
- h. Description of how the project goals and objectives align with the 2010 National Vaccine Plan
- i. Description of planned activities and deliverables
- j. Description of proposed key milestones
- k. Outline the proposed timeline for completion

D. Project Evaluation

The following project evaluation descriptions should be provided:

- a. Description of the target measures that relate to the proposed project goals and objectives
- b. Description of how proposed targets will be measured

E. Summary Report

The following summary report description should be provided:

- a. Description of the final report template (as outlined in Section 12 – Reporting Requirements)

F. Budget

- a. Applicants must submit a budget that is accompanied by a narrative explaining all costs associated with the proposed scope of work (see Section 8 – Cost Proposal).

8. Cost Proposal

Applicants must submit a budget that is accompanied by a narrative explaining all costs associated with the proposed scope of work. Budgets must be submitted with the proposal in a separate electronic submission, clearly marked as Cost Proposal. Below is a sample budget template with instructions (also found in Appendix B):

- a. Enter staff names and positions of employees who will complete the project. Add additional rows as necessary.
- b. Enter the number of hours estimated to complete this project.
- c. Enter fully loaded hourly rates as indicated.
- d. Enter total staff rates by multiplying the hourly rate by the number of hours for each individual staff member.
- e. Detail other direct costs (ODCs) including travel, materials, printing, and miscellaneous expenses. Add additional rows as necessary.
- f. Enter indirect costs (i.e., general and administrative (G&A) or facilities and administrative (F&A)).
- g. Total all staff, ODCs and indirect costs. Enter the amount in the Grand Total box.

SAMPLE COST PROPOSAL TABLE				
Staffing Costs				
	Position	Hours	Hourly Rate	Total
Staff A			\$	\$
Staff B			\$	\$
Staff C			\$	\$
Staff D			\$	\$
Staff Subtotal				\$
Other Direct Costs (ODCs)				
Travel				\$
Materials				\$
Printing				\$
Other (please define below)				\$
ODC Subtotal				\$
Indirect (Administrative) Costs				\$
GRAND TOTAL				\$

9. Review Criteria

Complete proposals shall include the elements outlined in Section 7 (Submission Instructions). Submissions will be evaluated by an objective technical review panel and evaluated on the following criteria:

- A. **Cover Page** (5 points)
- B. **Organizational Background** (5 points)
- C. **Project Description** (60 points) (including the final report template)
- E. **Project Evaluation** (15 points)
- F. **Budget** (15 points)

10. Proposal Instructions and Requirements

The proposal shall adhere to the following instructions and submissions requirements:

- a. A complete proposal must include all of the elements described in Section 7 (Submission Instructions). Partially completed proposals will not be considered.
- b. Applicants may submit only one proposal for this funding opportunity. If an applicant submits more than one proposal, none of the proposals will be reviewed or considered for funding.
- c. The proposal shall not exceed 6 pages (excluding the cover sheet, Appendix A), single-spaced, 1 inch margins, in 12-point size, and Times New Roman font. Outside of the page limit, the proposal may also include supplemental attachments the applicant chooses to submit (not to exceed 6 pages in length).
- d. Proposals submitted in response to this solicitation must state that they are valid for a period of at least 45 days.
- e. The proposal should be signed by an official with the authority to contract on behalf of the organization. If the proposal is submitted via e-mail, a typed electronic signature with the statement “this typed signature represents an official signature” is acceptable.
- f. The proposal should be submitted in Microsoft Word or PDF format to the Project Director at vaccineproposal2012@jbsinternational.com. Applicants that are unable to submit electronically may submit a hardcopy of the proposal via mail to the following address:

Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852

- g. The proposal must be received by JBS International, Inc. (electronically or by mail) and time stamped on or before Friday, December 21, 2012 by 3:00 p.m., EST. Late submissions will not be accepted. Applicants will receive confirmation of their submission in 3 days. If confirmation is not received, please call 1-800-839-6324 during business hours (9:00 a.m. – 5:00 p.m., EST, Monday-Friday).

10. Funding Notification

This is a competitive process, and a limited number of awards are available. Applicants will be notified by e-mail or mail by Monday, January 21, 2013, by 5:00 p.m., EST, regarding funding decisions. Projects may commence on Thursday, January 31, 2013, pending the receipt of an approved work plan.

11. Payment Process

Awardees will become subcontractors of JBS International, Inc.; therefore, no Catalog of Federal Domestic Assistance (CFDA) number is associated with these funds. The approved proposal will serve as a contract for required deliverables from awardees. A partial payment (to be determined) will be processed after a work plan has been approved by JBS International, Inc. The remaining award will be processed upon completion of the project and within 30 days of receipt and approval of the final report. Please Note: Any modifications to the awardee's proposal must be approved before the proposed project is implemented. Modifications to a proposed project that are not approved in advance may result in nonpayment. To request approval for any modifications, please contact the Project Director at vaccineproposal2012@jbsinternational.com.

12. Reporting Requirements

Offerors shall fulfill the following reporting requirements:

I. Work Plan

Prior to beginning the project, subcontractors are expected to submit a detailed work plan that outlines the tasks that will be completed to achieve the project's goals, objectives, and intended outcomes. Please note: a partial payment (to be determined) will be processed after a work plan has been approved by JBS International, Inc.

II. Monthly Reports

Subcontractors are expected to submit monthly progress report narratives that outline all project activities, including successes, challenges, solutions, and proposed enhancements. The report shall include copies of all materials developed during the reporting period, as well as detailed lists of the key contacts who received the materials. All items are due at the close of business on the last day of each month (or the next business day if the end of the month falls on a weekend). Reports should be submitted in Microsoft Word or PDF format to the Project Director at vaccineproposal2012@jbsinternational.com. Subcontractors that are unable to submit electronically may submit hardcopy proposals via mail to the following address:

Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852

III. Final Reports

The final report is a cumulative report of all project activities, including successes, challenges, solutions, and lessons learned. The report shall include, at a minimum: the project scope, summary of activity, successes and/or challenges, supplemental data, and outcomes. Subcontractors are expected to include copies of all materials developed over the course of the project, as well as detailed lists of the key

contacts who received the materials. Final reports should be submitted in Microsoft Word or PDF format to the Project Director at vaccineproposal2012@jbsinternational.com. Subcontractors that are unable to submit electronically may submit hardcopy proposals via mail to the following address:

Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852

The remaining award will be processed upon completion of the project and within 30 days of receipt and approval of the final report. Final reports must be received by JBS International, Inc. (electronically or by mail) and time stamped on or before Friday, September 13, 2013 by 3:00 p.m., EST. Late submissions may result in payment penalties. Subcontractors will receive confirmation of their submission in 3 days. If confirmation is not received, please call 1-800-839-6324 during business hours (9:00 a.m. – 5:00 p.m., EST, Monday-Friday).

13. Timeline

Schedule of Activities	Date
RFP Announced	Monday, December 3, 2012
Close of Question Period	Monday, December 17, 2012 at 5:00 p.m., EST
Proposal Submission Deadline	Friday, December 21, 2012 by 3:00 p.m., EST
Selection of Winning Proposals	Monday, January 21, 2013 by 5:00 p.m., EST
Contract(s) Finalized/Executed	Thursday, January 31, 2013
Contract Commencement	Thursday, January 31, 2013
Final Reports Due	Friday, September 13, 2013 by 3:00 p.m., EST

14. Proposal as Part of a Contract

Part or all of this RFP and the selected proposal may form the basis for the contract.

15. Project Director

The point of contact for purposes of this RFP prior to the award of any contract is the Project Director:

Leslie McElligott, Project Director
JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, Maryland 20852
Phone: 240-645-4567
Email: vaccineproposal2012@jbsinternational.com

16. Questions and Answers

Questions from prospective applicants concerning this solicitation will be accepted by JBS International, Inc. throughout the question period, ending Monday, December 17, 2012, at 5:00 p.m., EST. Questions will be answered on a rolling basis. Answers to all substantive questions posed during the question

period will be distributed in writing to all applicants. Questions should be submitted electronically to vaccineproposal2012@jbsinternational.com or by calling 1-800-839-6324 during business hours (9:00 a.m. – 5:00 p.m., EST, Monday-Friday).

17. Addendum to RFP

JBS International, Inc. reserves the right to amend this RFP. If it becomes necessary to revise any part of this RFP, addenda will be provided in a timely manner to all prospective applicants known to have received the RFP. It is the responsibility of the applicant to comply with any adjustments made to this RFP prior to the proposal submission deadline.

18. Modification and Withdrawal of Proposals

Proposals may be modified or withdrawn by the applicant prior to the established submission deadline.

19. Acceptance of RFP Terms

A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgement of this condition shall be indicated by the signature of the applicant by a representative legally authorized to execute contractual obligations. It is assumed by the applicant's response that it acknowledges all terms and conditions of this invitation for an application. An applicant shall identify clearly and thoroughly any variations between its proposal and the RFP. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.

20. Incurred Expenses

JBS International, Inc. will not bear any responsibility for any costs incurred by an applicant in preparing and submitting a proposal or any other activities related to this solicitation prior to issuance of a legally executed contract or procurement document.

21. Conflict of Interest

Offerors must indicate possible conflicts of interest related to engaging in a contract with JBS International, Inc. In cases where such relationship exists, applicants must describe how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided or resolved.

23. Ownership of Materials/Copyright

The Department of Health and Human Services (HHS), specifically, the National Vaccine Program Office (NVPO), has contracted with JBS International, Inc. to administer this project. All materials submitted regarding this funding announcement become the property of HHS. HHS has the right to use any or all information/materials presented in a proposal, subject to limitations for proprietary or confidential information. Disqualifications or denial of the proposal does not eliminate this right.

It is the responsibility of the awardee to identify proprietary information and request that the information be treated as such. Any additional restrictions on the use or inspection of materials contained within the proposal shall be clearly stated in the proposal itself. The HHS privacy policy is available at <http://www.hhs.gov/Privacy.html>.

Appendix A
Support for Evidence Based Adult Immunization and HPV Health Projects
Request for Proposal Cover Sheet

Date of Submission
Project Title
Name of Applicant Organization
Applicant Address Street Address: City, State, and Zip Code:
Authorized Representative Name: Title: Telephone Number: Email Address:
Alternate Representative Name: Title: Telephone: Name: Email Address:
Applicable Funding Category (select one only) ☐ Community Interventions ☐ Systems Interventions
Applicable Target Category/Categories for the Project (For System Interventions only. Check the best that applies) ☐ Increasing Provider Education ☐ Improving Patient Education ☐ Expanding Access to Vaccinations ☐ Reducing Health Disparities
Signature of Authorized (or Alternate) Representative A proposal submitted in response to this RFP shall constitute a binding offer. Acknowledgement of this condition shall be indicated by the signature of a representative legally authorized to execute contractual obligations. The signature acknowledges all terms and conditions of this invitation. If submitted via e-mail, a typed electronic signature with the statement “this typed signature represents an official signature” is acceptable):

Appendix B
Support for Evidence Based Adult Immunization and HPV Health Projects
Sample Cost Proposal Table

Applicants must submit a budget that is accompanied by a narrative explaining all costs associated with the proposed scope of work. Budgets must be submitted with the proposal in a separate electronic submission, clearly marked as Cost Proposal. Below is a sample cost proposal template with instructions.

- a. Enter staff names and positions of employees who will complete the project. Add additional rows as necessary.
- b. Enter the number of hours estimated to complete this project.
- c. Enter fully loaded hourly rates as indicated.
- d. Enter total staff rates by multiplying the hourly rate by the number of hours for each individual staff member.
- e. Detail other direct costs (ODCs) including travel, materials, printing, and miscellaneous expenses. Add additional rows as necessary.
- f. Enter indirect costs (i.e., general and administrative (G&A) or facilities and administrative (F&A)).
- g. Total all staff, ODCs and indirect costs. Enter the amount in the Grand Total box.

SAMPLE COST PROPOSAL TABLE				
Staffing Costs				
	Position	Hours	Hourly Rate	Total
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Staff B			\$	\$
Staff C			\$	\$
Staff D			\$	\$
Staff Subtotal				\$
Other Direct Costs (ODCs)				
Travel				\$
Materials				\$
Printing				\$
Other (please define below)				\$
ODC Subtotal				\$
Indirect (Administrative) Costs				\$
GRAND TOTAL				\$