

Section C - Description/Specification/Work Statement

Title of Project: Technical and Scientific Services to Support the Activities Conducted by the Division of Emergency and Environmental Health Services (DEEHS)
Statement of Work

C.1 Background and Need:

The National Center for Environmental Health (NCEH), Division of Emergency and Environmental Health Services (DEEHS) has the mission to prevent and control disease, disability, and death that result from interactions between people and the environment. The Division also responds to national and international emergency and recovery assistance situations, especially Bioterrorism, natural and technologic disasters; and provides technical support for public health activities during emergencies such as biological and/or chemical disasters, civil strife, and famines.

DEEHS projects and programs are often a result of internal decisions and external directives, frequently with short deadlines for implementation. This contract will fill a critical DEEHS need for a flexible external source of expertise to assist in responding to these requirements by assisting with the work of staff in achieving Division program objectives. It is essential that the Contractor has an appreciation of environmental public health program complexities and extensive knowledge and experience with epidemiology studies and surveillance methods, surveys, environmental, chemical and safety engineering practices and programs, operational planning, training, program management and response actions, communication methods, and access to a wide range of consultants with a diversity of skills and experience that DEEHS requires for domestic and international activities.

C.2 Project Objective

The objective of this procurement is to provide DEEHS with a ready source of technical and scientific expertise in the areas of epidemiologic studies, surveillance, surveys, data collection and analysis, environmental, chemical and safety engineering, industrial hygiene, sampling, program analysis and evaluation, field training, information dissemination, and response to disaster events both domestically internationally in support of the environmental public health programs it conducts.

C.3 Scope of Work

DEEHS requires technical, professional, and scientific services in support of implementing strategies and approaches to accomplish its environmental health goals and priorities. The requirements encompass a number of task areas that are identified in Section C.4.

C.4 Technical Requirements

The contractor, as an independent organization and not an agent of the Government, shall furnish all required personnel, consultants, materials, equipment and supplies to provide various work and services as specified in the individual task orders.

The paragraphs below contain a general description of the tasks required. Each individual task order will identify specific requirements within the scope of the general Tasks Area(s).

Task Area 1: Scientific/Technical Assistance and Consultation

1. Conduct literature reviews and synthesize information to address research questions pertaining to environmental health.
2. Conduct economic analyses.
3. Scientific consultants, (should be PhD., MS level or equivalent with 5-10 years' experience working in various scientific disciplines including but not limited to Epidemiologist, Environmental Engineer, Chemical or Safety Engineer, and Toxicologist), provide expertise, direction, consultation and training to increase awareness and support of environmental health practices.
4. Develop and implement training and materials to enhance knowledge and competencies of public health professionals, particularly those in environmental health.
5. Analyze, interpret, and disseminate data from surveys, surveillance activities, and/or epidemiologic studies.
6. Design and evaluate evidence-based approaches, studies, and interventions for broad application and implementation.
7. Develop, translate and disseminate public health guidelines, recommendations, and other key communications for the Division.
8. Assist with development and clearance of scientific publications.
9. Evaluate health impact of policies, programs, and best practices.
10. Coordinate and collaborate with other Federal agencies, national and international organizations, and other partners to strengthen and extend science, surveillance and public health practice.
11. Plan, coordinate, and conduct surveillance activities and maintain systems.
12. Provide data entry into CDC-established systems and monitor program projections and expenditures.
13. Assist with program planning and accountability.
14. Provide technical, scientific and analytical support to state and local health departments to advance the goals and objectives of DEEHS organizational units. This includes

assistance in conducting epidemiologic studies and surveys, strategic and operational planning, developing organizational capacity, strengthening programmatic and administrative data systems, analysis of data, and training of employees.

Task Area 2: Project Improvement and Program Management

1. Coordinate logistics with study team leads, including providing maps, directions, itineraries, and contact information.
2. Oversight and direction of epidemiologic studies, with particular emphasis on implementing studies in the field.
3. Ensure study materials (e.g., recruiting material, questionnaires, and consent forms, newsletters, and results reports) are accurate and available for study teams.
4. Coordinate with the NCEH Division of Laboratory Sciences to ensure correct and appropriate sample collection materials are available for teams in the field.
5. Analyze current organizational processes.
6. Provide assessments, guidance and recommendations to enhance program and organizational effectiveness.
7. Develop and train staff on program improvement processes and tools.
8. Identify and define metrics to manage, monitor, analyze and report organizational performance.
9. Train leadership and staff on using tools.
10. Analyze and provide recommendations to strengthen budget structures, accounting systems, and other administrative systems that support program activities.
11. Prepare a variety of documents to assist the Center in carrying out its broad extramural agenda. These include:
 - a. the development of research studies and evaluation plans;
 - b. the development of guidance documents and program announcements;
 - c. pre-award assessments of applicant financial and program capacity;
 - d. periodic assessments of recipient performance.
12. Advice and assistance on the preparation of material about the particular CDC program for briefings, testimony, educational presentations, and responding to routine questions from within and beyond CDC.
13. Advice and assistance in developing position descriptions, staffing plans, and in establishing consistency in personnel matters within a particular CDC program. The contractor shall not be responsible for approving position descriptions or performance standards for CDC employees.

Task Area 3: Data, sample collection, and analyses

1. Develop paper or electronic data collection forms such as screening and enrollment forms, consent forms, surveys, interviews, telephone scripts, etc.
2. Provide licensed staff as needed to facilitate sample collection and preparation (e.g., medical technologist, phlebotomist, laboratory technician).
3. Analyses of biologic samples for chemicals, organisms, toxins, toxicants, etc. currently not being analyzed by the CDC/NCEH Division of Laboratory Sciences.
4. Analyses of environmental samples (water, air, soil, dust, animal tissue) for metals, pesticides, other persistent organic pollutants, and other chemicals.

Task Area 4: Program/Project evaluation

1. Knowledge of evaluation principles, concepts, and techniques to:
 - a. Describe a project or program's concept and design to show potential short and long term effects;
 - b. evaluate how the program is being implemented and whether objectives are being met;
 - c. determine the causal effects of the program; or
 - d. apply cost-benefit or cost-effectiveness analyses to assess the efficiency of a program.
2. Conceptualizing and/or organizing and helping with the actual conduct of various public health projects and tasks in support of DEEHS programs.

Task Area 5: Training

1. Develop materials to support training of local public health professionals, environmental health specialists, emergency responders, aid workers, water sampling, and United States Public Health Service (USPHS) staff on using data collections, surveillance instruments, and interview techniques in the post-disaster setting.
2. Develop training format and structure to provide optimal learning for a range of skill sets.
3. Facilitate training sessions and meetings including conference/meeting support and participant travel.
4. Advice and assistance on the provision of effective and efficient training and ongoing re-training of public officials, public health personnel, emergency responders, and other health personnel professionals as may be indicated by the mission, goals, and objectives of DEEHS programs.

5. Ability to develop virtual learning modules related to the various Branches and Programs within the DEEHS.

Task Area 6: Publication development and assistance

1. Support for developing format and content of public health materials such as manuscripts for peer-reviewed journals, brochures, pamphlets, etc.
2. Conduct background research, including a search of the peer-reviewed and popular literature.
3. Translation of technical and scientific information into language for a lay audience.
4. Providing content editing, copyediting, and proofreading documents.
5. Knowledge of and experience with specific style requirements (GPO, Chicago, AMA, etc.) and required formats of peer-reviewed public health journals.
6. Develop and disseminate public health messages to prevent or mitigate the effects of exposure to environmental contaminants on human health, such as disseminating health risk information, based on the results of epidemiologic studies to educating consumers about accessing public health information.
7. Advice and assistance in web page design and maintenance.

Task Area 7: Partnership/Stakeholder Management and Communication

1. Conduct stakeholder assessments.
2. Design stakeholder management plans.
3. Develop communication plans, materials, and tools.
4. Facilitate stakeholder outreach and partnership collaboration.
5. Evaluate effectiveness of health communications messages and tools.
6. Provide technical assistance to public health partners to help them develop and manage programs of national and global significance.
7. Advice and assistance in conducting Advisory Committee activities.
8. Advice and assistance in dealing with issues and roles with other federal agencies and with the management of cross-cutting responsibilities with such agencies.
9. Provide technical and analytical support to public and private non-profit and for-profit organizations, governments and their agencies, universities, colleges, research institutions, hospitals, State and local governments or their bonafide agents, and faith-

based organizations to advance the domestic and international goals and objectives of a particular DEEHS organizational unit.

Task Area 8: Strategic Planning and Implementation

1. Organizational assessment
2. Data synthesis and recommendations
3. Development of organizational and operational plans
4. Analyze and provide recommendations related to the adequacy of organizational structures and organizational capacity to carry out new and ongoing Division responsibilities.

Task Area 9: Leadership and Workforce Development

1. Develop and implement leadership and workforce planning activities including but not limited to leadership development, collaboration and morale initiatives.

This task may include the following activities:

- a. Design, develop and deliver leadership development efforts.
- b. Design and develop succession and knowledge transfer plans.
- c. Recommend and support initiatives to improve collaboration and communication across the organization.
- d. Conduct organizational assessments.

C.5 Reporting Schedule

The reporting schedule will be determined at the task order level.

Depending on the nature of each task order, regularly scheduled meetings, conference calls, and/or written project updates may be required.

C.6 Special Consideration

- a. CDC will obtain all appropriate regulatory approvals (e.g. IRB, OMB) prior to executing a task order.
- b. The contractor must protect the confidentiality of proprietary, sensitive, and Personally Identifiable Information (PII).
- c. Use of any third-party / social media sites must be approved, and compliant with HHS and CDC policies, procedures and best practices (including security and privacy) such as those found at: http://www.hhs.gov/ocio/policy/implementation_of_omb_m-10-22_and_m-10-23.html and <http://www.cdc.gov/SocialMedia/Tools/guidelines/>.
- d. **Travel:** The Contractor shall coordinate all travel requirements with the CDC Contracting Officer's Representative (COR) and obtain written approval from the COR prior to beginning such travel. The Contractor shall comply with FAR 31.205-46 Travel Costs. Accordingly, travel costs shall not exceed the maximum per diem rates set forth in the Federal Travel Regulation (FTR) unless written approval is obtained from the Contracting Officer before incurring travel costs in accordance with FAR 31.205-46 procedures. The FTR per diem rates and regulations are available at the following web site:

<http://www.gsa.gov/portal/category/100120>

Unless the task order stipulates otherwise, travel will be included in a separate CLIN and will be cost reimbursable. Accordingly, the contractor shall submit receipts for airfare, lodging, car rentals, and other incidental expenses as applicable when submitting invoices which include travel costs.

- e. **Security:** To perform the work specified herein, the Contractor's personnel may require access to sensitive data, regular access to HHS-controlled facilities, and/or access to HHS information systems.

In order to gain access to any sensitive data, HHS-controlled facilities and/or HHS information systems, the Contractor shall comply with Homeland Security Presidential Directive 12, Policy for a Common Identification Standard for Federal Employees and Contractors, and with the personal identity verification and investigation procured contained in HHS Information Security Program Policy, <http://www.hhs.gov/read/irmpolicy/121504.html> and HHS Office of Security and Drug Testing, Personnel Security/Suitability Handbook dated February 1, 2005 as may be revised or replaced, <http://www.hhs.gov/ohr/manual/pssh.pdf>.

The minimum Government investigation for a non-sensitive position is a National Agency Check and Inquiries (with fingerprinting), which consists of searches of records covering specific areas of a person's background during the past five years. Those inquiries are sent to current and past employers, schools attended, references and local law enforcement authorities. More restricted positions, above non-sensitive, require more extensive documentation and investigation.

Contractors should ensure that the employees whose names they submit have a reasonable chance for access approval. Delays associated with rejections and consequent reinvestigations may not be excusable.

Typically, the Government investigates personnel at no cost to the Contractor, but the expense of multiple investigations for the same position is difficult to justify. Consequently, multiple investigations for the same position may, at the Contracting Officer's discretion, justify reduction(s) in the contract price of no more than the cost of the extra investigation(s).

Language similar to this Security section and any applicable clauses in the contract shall be included in any subcontracts which require subcontractor personnel to have access to an information system, access to sensitive data, regular or prolonged access to an HHS-controlled facility, or any combination of these items.

Inquiries, including requests for forms and assistance, should be directed to the Contracting Officer or her designee, listed in Section G of this contract.

Upon final acceptance of the work specified herein and as a condition precedent to final payment, the Contractor shall return all identification badges to the Contracting Officer or her designee.

- f. **Section 508 Compliance** will be determined at the task order level.

C.7 Government Furnished Property

The determination of whether there will be Government-furnished property will be made at the task order level.

C.8 References

References will be provided at the task order level.

C.9 Deliverables

Specific deliverables will be determined at the task order level. They will usually include a monthly progress report and final report describing the implementation and results of the task.

C.10 Quality Assurance Surveillance Plan (QASP)

The QASP will be used to ensure that systematic quality assurance methods are used in the administration of the Performance-Based Service Contract (PBSC) standards included in this contract. The QASP will be defined at the task order level.

The contractor is responsible for management and quality control actions necessary to meet the quality standards set forth in the task order. The Performance Standards and Surveillance Activity Checks defined in the QASP at the task order level shall be used by the COR in the technical administration of the QASP.

C.11 Schedule of Milestones for Performance-Based Payments

In accordance with **FAR 52.232.32, Performance-Based Payments (April 2012)**, upon successful completion of an event, the Contractor may request performance-based payments. The determination of eligibility for receipt of payment will be made by the Contracting Officer upon written certification from the COR that the performance milestone has been met. It is anticipated that each milestone payment will approximate the estimated timeline included in the individual task order but variation is anticipated and eligibility for payment could occur sooner or later depending upon the time of completion of the designated milestone. Milestone payments are subject to the terms of FAR 52.232-32 as incorporated in Section I of this contract.

The Contractor will be asked to propose a Milestone Payment Schedule for each task order. As part of the negotiated process, however, the CDC may provide a different Milestone Schedule for the task order. The final Milestone Payment Schedule will be negotiated between the parties and included in the task order award.