OFFICE OF ACQUISITIONS
NATIONAL CANCER INSTITUTE

REQUEST FOR PROPOSAL NUMBER: N01CM01018-83

Amendment No.: 4

Date of Issuance: 09/08/2010

The above numbered Request For Proposal (RFP) is amended as set forth below. The hour and date specified for receipt of Offerors remains unchanged: _____.

Offerors MUST acknowledge receipt of the amendment prior to the hour and the date specified in the solicitation or as amended, by separate letter, telegram, or Electronic Mail which includes a reference to the RFP and Amendment number(s). For your convenience, the Proposal Intent Response Form is provided in SECTION J - List of Attachments of this RFP, for this purpose.

FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERORS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER.

This Amendment revises the RFP as stated below:

PREPROPOSAL_CONFERENCE.ppt

This section of the amendment provides responses to questions submitted by potential offerors, and also provides a link to the slides discussed during the Preproposal Conference on August 12, 2010 as follows:

Questions 1-7 and their responses were posted in Amendment No. 2 to the Solicitation on August 9th. The following questions and responses are continued from Amendment 2.

Question 8: Tables are requested under mandatory evaluation criteria in attachment 7. Where are they supposed to appear in the technical proposal? Can they be added as appendices?

Response: The documentation required to be submitted should be clearly marked in a separate part of the Technical Proposal, "Mandatory Evaluation Criteria", and also identified in the Table of Contents referred to in SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS, Section L - Instructions, Conditions and Notices to Offerors, Item 2. Instructions to Offerors. The tables may be added as an appendix but must be clearly marked that they are to address the Mandatory Evaluation Criteria.

Question 9: This is a cost-reimbursement contract. As budgeting for such a contract can take different formats, is it possible to submit a cost + fixed fee budget?
Response: Only those organizations that are entitled to accrue a fixed fee may submit a budget proposing a fixed fee.

Question 10: Is the 27 FTE a limit or is it a guide?

Response: As stated in the RFP, Under SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS, General Information, Item e., ESTIMATE OF EFFORT, the estimate of the effort is furnished for the offerors information only and not to be considered for restrictive for proposal purposes.

Question 11: In attachment 7 under Adequacy of Technical Proposal, the RFP requests that we describe laboratory procedures including technical approaches, controls, protocol standardization, data acquisition for all specimens to be used. The laboratory procedures will vary depending on the assay methods used in the specific trial eg IHC, versus, ELISA, versus expression analysis etc. How should offerors comply with this requirement within the 30 page limit?

Response: Specific laboratory assay procedures may be included as an appendix.

Question 12: The RFP requires proposed personnel at sites other than the offeror's site supply a letter of commitment and that a resume does not meet this requirement. Should the letter of commitment come from the named individual

or the institution's leadership on behalf of the institution since individuals may change during the course of the contract?

Response: The Letter of Commitment should be submitted from the business contact at the institution where the individual is employed. The Letter of Commitment represents an assurance from the organization that they are willing to commit the resources necessary to participate as a subcontractor in this project.

Question 13: In attachment 3 the RFP asks for budgeting for a base of 36 patients with up to 9 options of 15 patients for the accrual part. Does this mean that if an offeror is awarded a contract the government will only be obligated to reimburse for cost of 36 patients which could be distributed over more than one clinical trial? As a consequence will anything beyond that be reimbursed if the government decides to exercise the options but the trial completion is hampered or delayed while the option is exercised?

Response: The government is only obligated to reimburse for costs that have been negotiated and awarded in the contract and subsequent modifications. Contractors will only be reimbursed based upon a subject's accrual into a study, regardless of whether the accrual occurs under the base or option requirement. Concerning the second part of the question, unless the work has been authorized under the contract no reimbursement for costs can occur.

Question 14: Will the options for trial accrual, specimen collection and imaging be determined at the start of each contract fiscal year?

Response: The costs for the options will be negotiated prior to contract award. The options may be exercised at any time during the option period as outlined in the RFP.

Question 15: Do we have to provide copies of all projected subcontractor travel policies with our proposals, or would a statement that they will comply with Federal Travel Regulations suffice, or provide a copy of their policies upon award"?

Response: Copies of the subcontractor travel polices can be submitted after award of the prime contract. Please note that Subcontracts must be reviewed and approved by the Contracting Officer prior to execution. Copies of the travel policy would have to be submitted to the Contracting Officer at the same time the subcontract document is submitted for review and approval.

Question 16: As we are budgeting for up to 171 patients only (36 + 9 options), can we exceed this number of accrual if awarded a contract?

Response: The estimates for the number of subjects are for budget preparation and submission only. The maximum number of subjects to be accrued will be negotiated with the individual offeror. If, after contract award and during contractor performance it becomes evident that a contractor may be able to accrue more subjects than negotiated and awarded, a contract modification must be negotiated and awarded to authorize an increase over the amount initially negotiated and awarded.

Question 17: Are subcontractors required to budget following the options method as well (base + 9 options)?

Response: Yes, proposed subcontractors are required to submit a cost proposal at the same level of detail as prime contractor.

Question 18: Are subcontractors required to budget for the tissue collection and imaging functions as well, or are these functions just limited to the main site?

Response: Contractor's/subcontractors may choose to propose to perform any combination of the Base and Option quantities outlined in the RFP. It is up to each offeror to develop their own strategy that would best fulfill the government's requirements.

Question 19: If other funding supports effort expended on this contract, does that mean that there is an expectation of cost sharing between different funding mechanisms and that cost reimbursement will not be full reimbursement for cost?

Response: There is no plan for other funding to support effort expended under this contract.

Question 20: On page 59 of the RFP the minimum anticipated subcontracting goals for this contract proposal are outlined. The majority of the budget for this contract will support personnel and limited travel. What is the NCI's expectation regarding the attainment of these Small Business Subcontracting Plan targets?

Response: It is the NCI's expectation that each offeror will expend their best efforts in attaining the Small Business Subcontracting Goals. It is anticipated that other costs will provide the opportunities to purchase through Small Businesses, such as travel, office and possibly laboratory supplies, and other expenses.

Question 21: Is there a targeted maximum payable for each contract? If not, is there a set aside pool of funds associated with this solicitation?

Response: No, there is not a targeted maximum payable for each contract. There is a budgeted amount planned for this acquisition. However, that amount is source selection sensitive information and will not be shared outside of the NCI Acquisition Team.

Question 22: Does the 35-page limitation cited on page 3 of the Additional Technical Proposal Instructions pertain to all the information requested under section 1, Resources and Organizational Experience? Is it correct that section 2, Ability to Develop and Complete Trials in a Timely Manner, is not subject to a page limitation?

Response: There is a 75 page limit total, plus appendices for the Technical Proposal.

Question 23: In the instructions for Facilities and Equipment (page 7 of the Additional Technical Proposal Instructions), the RFP asks for floor plans of each intended space, with a high level of detail specified. Such information clearly couldn't fit within the page length specified for its section. Does the sponsor want them included and where?

Response: Copies of the proposed floor plans can be provided as an appendix to the Technical Proposal.

Question 24: If subcontract is over $500,000 do they have to submit a small business subcontracting plan? Or is only one required for the entire proposal?

Response: Subcontracts that are proposed and exceed $500,000 are required to also submit a Small Business Subcontracting Plan.

Question 25: Please define what "Tissue Collection" in regards to the seven options. Is this a biopsy? Collection?

Response: Please read the Statement of Work, provided as an attachment to the RFP.

Question 26: Please discuss what qualifies as "Imaging" in regards to the eleven options.

Response: Please read the Statement of Work, provided as an attachment to the RFP.

Question 27: Are we dispensed from using the metric system?

Response: Please refer to SECTION L - INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS, 2. INSTRUCTIONS TO OFFERORS, Item 8., Use of the Metric System and Measurement.

Question 28: In the additional Business Proposal Instructions, it states that attached there are 4 spreadsheets to help us prepare our cost proposal. There weren't any attachments. Please advise where we can find them.

Response: The spreadsheets were provided in the form of a link in the RFP attachments, however the links were disabled upon the RFP being posted to the FEDBIZOPPS. Amendment 1 provided functioning links to the spreadsheets.

Question 29: In the Uniform Budget Assumptions provided there was no mention of subject screening costs. Various assays may be necessary to determine if subjects' tumors contain a molecular abnormality that would be required to be eligible for participation in certain trials, and the screening process can be costly. Please consider allowing potential offerors to propose screening costs.

Response: We have reconsidered allowing the costs for subject screening for molecular abnormalities to be included in the proposals. We plan to negotiate the costs for Screening Assays as follows: Each option for accrual will

be accompanied with an option for Screening Assays, with the costs limited to $500, per assay to be performed on a quantity equal to the number of subjects to being accrued. Offerors are instructed to incorporate in their cost proposals the amount of $500 per screening assay, per subject to be accrued in a separate line item in the Breakdown of Proposed Estimated Costs. Options for Screening Assays will not be exercised without the prior written approval of the specific assay proposed being provided by the Contracting Officer Technical Representative to the Contracting Officer.