

AMENDMENT THREE (3)

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PURPOSE OF SOLICITATION AMENDMENT

The purpose of this amendment is to respond to questions submitted by interested offerors regarding only: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) **Topics 039 and 040.**

The hour and date specified for receipt of Offers remains unchanged.

Except as provided herein, all terms and conditions of the solicitation remain unchanged and in full effect.

***NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)
Topic 039: Finding Human Carriers of Taeniasis to Prevent Neurocysticercosis Associated Epilepsy***

Question 1: Will the CDC provide testing samples?

Answer 1: CDC will provide testing samples for screening the target antigens and also for testing the chosen monoclonal antibodies and aptamers according to the MTA to the funded contractor, upon request.

Question 2: Will the CDC provide the *T. solium* adult worm extracts as antigen?

Answer 2: CDC will provide the extract to produce the monoclonals and/or aptamers to the funded contractor.

***NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)
Topic 040: Web-based Application to Enable Healthy Behaviors Through Behavioral Design***

Question 1: The solicitation mentions public health professionals (such as public health departments) and private and public sector building operations (such as food service and vending operators) as potential targets for the web application. Is there an order of importance for these or other (e.g., schools, grocery stores) targets for this information? Are there specific settings or venues you would like to see emphasized?

Answer 1: This platform will: 1) assist and enhance changes within the food environment, making healthier choices easier or more likely for consumers; and, 2) support environmental changes that enable and encourage safe and convenient opportunities for physical activity at the building, neighborhood and community level.

These behavioral design changes are largely the same regardless of setting; however, this tool will be more applicable to settings where food is served [i.e. such as a hospitals or prison], purchased [worksites], and consumed, and where there are significant populations who can benefit from access to physical activity.

Question 2: How many different settings (e.g. worksite, assisted-living facility) or venues (e.g. vending machines, cafeteria) are you expecting checklists/toolkits for in Phase 1?

Answer 2: The anticipated deliverable is one tool customizable to various settings. We do not expect different tools for each setting but the ability to customize one tool. Note that the majority of strategies for any setting are the same.

Question 3: It appears you have a powerful tool for providing information and assessing building design considerations in the Sustainable Facilities Tool. Have you had any challenges in adoptions of this tool?

Answer 3: The Sustainable Facilities Tool was referenced as an example of a tool that is available, but as the solicitation states, it “lack[s] the necessary breadth and detail in operationalizing behavioral design approaches toward dietary or physical activity practices.”

Question 4: Do you see this web application as an addition to the SFTool or as a separate project?

Answer 4: The behavioral design web application is a separate project from the SFTool.

Question 5: Is the preference to further develop existing tools (e.g., the Sustainable Facilities Tool or the USDA’s Smarter Lunchroom tool mentioned in the solicitation) to an acceptable depth/breadth, or to develop a new web-based application?

Answer 5: The intent is to develop a new web-based application that assists the architecture and design community to incorporate behavioral design strategies in the built environment to enable healthy behaviors. The intent is to move above and beyond existing examples and expand to a modifiable platform informed by both empirical (via contractor/CDC input) and experiential evidence (via user feedback) in order to hone best practices.

Question 6: Are there any evidence-based strategies that you hold in especially high regard compared to others?

Answer 6: Figure 4 of the NCCOR white paper referred to in the Topic Description in the solicitation serves as a general guide – see <http://www.nccor.org/wp-content/uploads/2017/03/nccor-behavioral-design-whitepaper-final.pdf>. The overall point is that this tool must go beyond, for example, the basic 4 p’s [pricing, promotion, placement, product] and work to construct an overall behavioral environment where people are enabled to create spaces where the healthy actions or choices are easy or default.

Question 7: Implementing feedback from users will require long-term maintenance of this website. Is this something the CDC will maintain, or is maintenance ideally achieved through external funding, such as a subscription-based system?

Answer 7: Refer to the paragraph entitled “Commercialization Potential” within the Topic Description in the solicitation. CDC will not be responsible for site maintenance

Question 8: The solicitation does not mention any evaluation or validation of the framework (e.g., through an experiment offering the framework versus offering previously available tools). Is this out-of-scope? If so, is there other evidence the CDC would like to see that the new application improves behavior?

Answer 8: A Phase I proposal shall address how the company will achieve the Phase I Activities and Deliverables, at a minimum. This includes demonstration of a functioning web-based tool. Figure 4 of the NCCOR white paper referred to in the Topic Description in the solicitation provides more information on a testable framework that could be used – see <http://www.nccor.org/wp-content/uploads/2017/03/nccor-behavioral-design-whitepaper-final.pdf>.

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