Request for Proposals: CaliciNet Outbreak Support Center Site

Contents

Summary

The Association of Public Health Laboratories (APHL), in partnership with the U.S. Centers for Disease Control and Prevention's (CDC) Division of Viral Diseases (DVD), is seeking proposals to designate up to four (4) CaliciNet certified public health laboratories as CaliciNet Outbreak Support Center Sites (CN-OSCs) to enhance national norovirus surveillance efforts. These OSCs will serve as certified laboratories responsible for sequencing norovirus positive stool specimens from outbreaks reported by state and local public health laboratories that are **not certified** for direct participation in CaliciNet. This initiative aims to expand the reach of the U.S. norovirus surveillance network, facilitating comprehensive outbreak monitoring and timely public health response.

Background

State and local public health laboratories (PHLs) serve as the cornerstone of norovirus surveillance in the United States, playing a critical role in public health protection. These laboratories are responsible for collecting and testing specimens from cases of gastroenteritis, with norovirus being one of the leading causes. PHLs not only conduct initial testing and identification of norovirus strains, but they also report this information to the Centers for Disease Control and Prevention (CDC), contributing essential data to national surveillance efforts. By providing details on circulating norovirus strains and their prevalence across regions, PHLs enable the CDC to maintain a comprehensive understanding of norovirus activity and its impact on public health.

Data from PHLs are integrated into the CDC's national norovirus surveillance system, CaliciNet, where they are analyzed to track which strains are circulating, their prevalence, and any emerging trends. This information is crucial not only for national public health but also for global awareness, as it is shared with the international community to help monitor emerging norovirus type. The ability to identify, report, and type norovirus strains enables CDC to remain vigilant against emerging norovirus strains , supporting timely public health responses and preparedness efforts.

Norovirus is a highly contagious virus and a significant contributor to gastrointestinal illness in the United States. Responsible for up to 50% of all foodborne outbreaks, norovirus infections can spread rapidly, especially in closed environments such as schools, healthcare facilities, and food service settings. This high prevalence underscores the need for rigorous monitoring and swift responses to outbreaks, which rely heavily on data from PHLs. The information gathered from these laboratories is pivotal in managing and mitigating the spread of norovirus, as it allows public health officials to track trends, identify sources of infection, and re-enforce implementation of existing control measures.

At the heart of the CDC's norovirus strain surveillance program is CaliciNet, a national norovirus outbreak surveillance network comprising federal, state, and local public health laboratories. CaliciNet supports the detection and subtyping of strains linked to norovirus gastroenteritis outbreaks. This network is integral to CDC's ability to compare norovirus strains from various outbreaks, identify potential links to common sources, and monitor for emerging strains that could present new public health challenges. By facilitating the collection and sharing of detailed strain information across a

national network, CaliciNet enhances CDC's capacity to respond to outbreaks quickly and effectively.

The CaliciNet Outbreak Support Centers (CN-OSCs) are positioned to help strengthen to obtain a national picture of norovirus strain surveillance. Laboratories from states that are not certified to participate directly in CaliciNet can submit norovirus-positive outbreak specimens to CN-OSCs or to CDC's National Calicivirus Laboratory. This approach allows non-CaliciNet certified laboratories to contribute to norovirus surveillance, ensuring comprehensive and timely data collection and enhancing national norovirus surveillance.

Eligibility

Eligible applicants must be CaliciNet certified laboratories with the following capabilities, resources and facilities in place.

- The eligible applicant must be able to contract directly with APHL or have an existing relationship with a third-party organization that can contract directly with APHL. Acceptance of the award means agreement with the compensation structure and amounts agreed upon with the awardee and APHL.
- Recipients must be legally able to contract within the United States and not be disbarred or prohibited from contracting with businesses or the federal government.
- Specific expectations regarding the methodologies to be used are outlined in Appendix A: Expectations.
- All applicants are required to agree to the following minimum requirements as outlined in Appendix B: Minimum Requirements

Anticipated RFP Schedule

Date	Assignment	Details
2/14/2025	APHL issues RFP	APHL procurement site www.aphl.org/rfp
2/21/2025	Informational teleconference to answer any questions (optional)	Join Zoom Meeting: Zoom meeting link One tap mobile: Phone Number Meeting ID: Enter Meeting ID Passcode: Enter Passcode
3/7/2025	Required Letter of Intent Due to APHL by 5:00 pm EST	Send an email to foodsafety@aphl.org and cc: calicinet1@cdc.gov

3/21/2025	RFP Responses Due by 5:00 pm EST	Submit proposal including exhibits via email to foodsafety@aphl.org and cc: calicinet1@cdc.gov
4/4/2025	Proposal Review Completed (estimated date)	
4/21/2025	Follow-up interviews and updated proposals due (if needed)	
5/5/2025	Final Review completed and awardees notified (estimated date)	
7/1/2025	Estimated contract start date	
6/30/2026	Estimated contract end date	Laboratories will be eligible for annual contract renewal, contingent on performance, funding availability, and expressed interest, for up to five years.

APHL will communicate any modification to this anticipated schedule on APHL's procurement website (www.aphl.org/rfp) and via an email blast to public health laboratories (PHLs) if applicable.

Contact for Questions and Submissions

Please submit any questions via email to Rhodel Bradshaw (foodsafety@aphl.org).

Response Submittal

Confirmation of Intent to Respond

APHL requires that prospective applicants submit a brief email statement indicating an intent to submit a proposal. APHL must receive this email by no later than **5:00 pm EST**, on the due date. To allow for appropriate review process planning, **a letter of intent is required for consideration.**

Final Response

APHL must receive complete responses by **5:00 pm EST**, on the due date. Please see Proposal-Required Submissions section for items that must be included in the completed proposal.

APHL will send an email acknowledging the receipt of your application; if you do not receive an acknowledgement within 2 business days, please email the RFP point of contact to confirm receipt.

Award

APHL and CDC will select up to four laboratories to perform the work outlined in Appendix A. The amount of each award may vary year to year based on testing performed and volume of specimens available. Funding is available for Outbreak Support Centers to sequence norovirus outbreak strains. Funding is distributed through an annual contract with APHL.

Use of funds: Recipient laboratories should use the funding for norovirus sequencing (including retesting for norovirus due to laboratory/personnel error), laboratory reagents and consumables and personnel time required to conduct these activities and may be used for necessary equipment upgrades or expansions, equipment maintenance and service agreements or validation of new testing services.

Term of Project

The project term will be as indicated in the Anticipated Project Schedule.

The potential for annual renewals (with each additional funding year running from July 1 to June 30) by APHL is based on availability of funds and performance of the awardee for a maximum of five total years and may involve some adjustment to the scope of work to address any change in the funding received by APHL and to accommodate CDC programmatic needs in that funding year. The awardees will be notified in advance of any modification to the anticipated scope of work in a future funding year.

Evaluation Team

APHL staff will conduct an initial review of all proposals for completeness. Any incomplete application on the proposal due date specified in Anticipated RFP Schedule section above will not be considered and will not receive a formal evaluation.
A team of two subject matter experts (SMEs) from the CDC Division Viral Diseases (DVD) and three APHL staff members will review completed proposals. The CaliciNet Team will identify and select SMEs from the CDC, based on their familiarity with laboratory techniques and project requirements. The APHL Senior Specialist will identify APHL member experts from among the non-applicant laboratories. These members will have expertise in the laboratory testing methods described in this RFP and familiarity with APHL sequencing center structure. APHL's Director of Food Safety has final approval over the review team's composition.

Conflict of Interest

APHL will ask potential reviewers to complete and sign APHL's **Conflict of Interest Disclosure Statement** in order to disclose any real or perceived conflict of interest prior to the start of the evaluation process. Reviewers will have to affirm that they have no conflict of interest that would preclude an unbiased and objective review of the proposals received. APHL will not select reviewers with a perceived or potential conflict of interest.

Evaluation Criteria

The evaluation team will evaluate proposals based on responses to the questions in the Proposal – Required Submissions section and will give a numeric score of up to 100 maximum points based on the scorecard template in Appendix C.

Evaluation Process

The evaluation team will conduct the review via a combination of email communication between APHL's representative and the members of the evaluation team, or among the evaluation team members and teleconference and/or webinar evaluation sessions. APHL's representative will coordinate the review process and the evaluation sessions.

The reviewers may request follow-up interviews with all or some of the applicants and, following these interviews, may request supplemental information on an applicant's proposal. The evaluation team will use these interviews and any supplemental information to clarify an applicant's capacity or experience in one or more of the evaluation criteria, or to explain other information contained in an applicant's proposal.

There will be no formal evaluation performed by a member of APHL staff. In cases where all other evaluation criteria are substantially similar, APHL will have the ability to advise the evaluation team on selections that would provide geographical representation or otherwise diversify APHL's funding allocations. In addition, the evaluation team may receive documentation from APHL staff on an applicant's past performance in other capacities as part of the evaluation criteria.

Post-Evaluation Procedures

APHL staff will notify the selected applicant(s) within ten business days of the completion of the evaluation and will post the names of the recipient(s) to APHL's procurement website, www.aphl.org/rfp, within three business days of the applicant's acceptance of the award. Unsuccessful

applicants will receive notification of these results by e-mail within thirty business days after the name of the selected awardee is posted.

All applicants will be entitled to utilize APHL's RFP Appeals Process to formulate a protest regarding alleged irregularities or improprieties during the procurement process. Specific details of this policy are located on the procurement website.

Conditions of Award Acceptance

The eligible applicant must be able to contract directly with APHL or have an existing relationship with a third-party organization that can contract directly with APHL. Applicants must agree to comply with expectations outlined in Appendix A. Acceptance of the award means agreement to the compensation structure and amounts agreed upon with the awardee and APHL.

Awardees must be able to obtain a Unique Entity Identifier (UEI) through the System for Award Management (SAM) if they do not already have one. A UEI identifies businesses and other entities that do business with the federal government. Any **entity** that wishes to do business with the federal government and who will receive direct federal funds (or an entity that will act as a sub-awardee or subcontractor and will receive federal funds through the prime recipient) must have a UEI number issued via sam.gov. In certain circumstances, the entity will also be required to have a valid registration on SAM.gov. **Individuals** are not required to have a SAM UEI or be registered in SAM.gov.

Prior to making the official award, a group of individuals from CDC and APHL are entitled to elect to tour the facilities to assess compliance with requirements for testing and/or have a teleconference with applicant laboratories. Post award, monitoring site visits may be conducted to include an assessment of continued compliance.

Proposal – Required Submissions

An interested applicant must submit both a letter of intent to apply and a proposal. Applications must comply with submission requirements set out in the Additional Information and Deadlines for Application Submission below. A complete proposal will include the following items:

- **A completed and signed copy of Appendix B,**
  Note: If you cannot respond "yes" to each of the minimum requirements, you do not meet the minimum qualifications required to apply for this award.

- **Responses to Questions (below)**
    - Responses should be limited to no more than ten (10) single spaced pages (font size ≥ 11pt, 1-inch margins)
    - The proposal should include responses to the questions below, including each aspect of the question. The proposal should indicate what question is being answered.

Response to Questions

Sample Responses o Questions

Physical Environment

1. Does the applicant have appropriate physical space and workflow to handle the proposed sequencing volume?
    a. The laboratory has a sufficient space for all norovirus sequencing activities, including specimen receipt, extraction, amplification, library preparation, sequencing, and post-run analysis. Equipment includes automated extraction systems, PCR workstations, and sequencing platforms. Workflow is unidirectional, ensuring separation between pre- and post-PCR activities.
    b. The space accommodates current volumes with additional capacity for a 20% increase. The laboratory has contingency plans to procure additional equipment if required.
2. If the applicant uses a core facility, do they demonstrate the ability to coordinate and prioritize the proposed work to ensure norovirus sequencing runs within the desired turnaround time?
    a. The laboratory partners with a core facility and coordinates weekly scheduling to prioritize norovirus sequencing runs. The facility's dedicated capacity ensures bi-weekly turnaround times during peak season and monthly during off-season.
3. Does the applicant have enough staffing and expertise for norovirus sequencing and analysis?
    a. The laboratory employs at least 1.0 FTE staff with over 3 years of experience in Sanger sequencing and/or next generation sequencing (NGS) and data analysis. @
4. Are there any deficiencies in staffing?
    a. While staffing is sufficient for current needs, additional training for newer staff may be required for advanced troubleshooting in high-volume scenarios.

Workload and Turnaround Time

5. Does the applicant indicate the ability to increase workload and meet turnaround time requirements?
    a. The laboratory demonstrates scalability to handle increased workload by optimizing workflows and reallocating resources. Current turnaround times are bi-weekly during norovirus season (November–April) and monthly during off-season.
    b. Workflow adjustments and cross-training ensure that increased demands do not compromise quality or timeliness.
6. Does the applicant have sufficient capacity and experience with Sanger and/or NGS?

a. The laboratory has 5 years of experience with amplicon-based NGS for norovirus and has processed at least 5 genomes in the past year..
b. The laboratory can handle increased sequencing volume with minor workflow adjustments. Quality assurance protocols, including positive and negative controls, are implemented for each run.

7. Are there adequate troubleshooting plans for failed runs?
    a. Sequencing issues are addressed through defined troubleshooting protocols, including reruns with controls and reagent validation.

Informatics/Bioinformatics

8. Does the applicant have experience with CaliciNet and submitting sequence data?
    a. The laboratory routinely submits high-quality norovirus sequences to CaliciNet, achieving a data transmission success rate of over 95%. Staff are trained in sequence assembly, post-run analysis, and data curation.
    b. Current informatics workflows use a Laboratory Information Management System (LIMS) integrated with NGS processes and AWS for secure data transmission. Plans are underway to enhance LIMS capacity for expanded sample volume.

Existing Partner Collaboration

9. Does the applicant have a track record of good communication with state or local health laboratories especially those that may not be certified?
    a. The laboratory has a robust and established network with surrounding state or local health laboratories, collaborating on norovirus surveillance and data sharing. Weekly communication ensures streamlined sample transfer and result dissemination.

Additional Information and Deadlines for Application Submission

Applicants must direct all questions to the Contact for Questions and Submissions. APHL will post all questions received, together with the answers provided, to APHL's procurement website associated with the specific RFP (www.aphl.org/rfp).

To allow for appropriate review process planning, a **letter of intent is required for consideration**. Applicants should submit letters by the due date listed in the Anticipated RFP Schedule to the Contact for Questions and Submissions.

Applications are due to the Contact for Questions and Submissions **by 5:00 pm EST** on the due date listed in the Anticipated RFP Schedule. APHL will send an email acknowledging the receipt of your application. If you do not receive an acknowledgement within two (2) business days, reach out to the Contact for Questions and Submissions to confirm receipt.

APHL may hold an optional teleconference on the time and date listed in the Anticipated RFP Schedule. The purpose of this call will be to provide a brief overview of the project and to allow potential applicants to ask questions. Please come with questions prepared.

Teleconference Call-in Information is included in the Anticipated RFP Schedule, or please reach out to the Contact for Questions and Submissions no later than three business days prior to the teleconference to receive the calendar invitation.

[Appendices on following pages.]

Appendix A: Expectations

Project Expectations for OSC Sites

1. **Communication Expectations**
    a. OSC sites must maintain regular communication with agencies they support to ensure timely sample submission and outbreak management:
        i. **Off-season:** Communication should occur **quarterly** to confirm continued participation and readiness to submit samples.
        ii. **In-season (e.g., norovirus season):** Communication should occur **monthly** to coordinate sample submissions and outbreak management.
    b. OSC sites should set clear expectations with supported states for **real-time sequencing** of outbreak specimens to minimize delays.
2. **Turnaround Time**
    a. OSC sites are encouraged to sequence outbreak specimens **within 10 business days** of receiving samples, especially during outbreak season.
    b. If sequencing fewer than 20 samples, OSC sites may wait up to 1 additional week to conserve resources. Flexibility is expected based on the specifics of each outbreak and site capabilities.
3. **Sequencing Methodology**
    a. Both **Sanger sequencing** and **Next-Generation Sequencing (NGS)** are acceptable for surveillance purposes. The following options apply:
        i. Short segment sequencing for surveillance (required minimum data).
        ii. Full genome sequencing for advanced analysis when needed.
        iii. CDC allows sites to select sequencing methods based on their resources and outbreak requirements.
4. **Data Transmission and Reporting**
    a. OSC sites must:
        i. Publish sequencing data to **CaliciNet** within **10 business days** of receiving samples during outbreak season.
        ii. Provide **quarterly reports** to APHL and CDC detailing:
            1. Number of specimens tested.
            2. Turnaround time.
            3. Any identified challenges or delays.
5. **Personnel Certification**
    a. Each OSC site must maintain at least **one CaliciNet-certified personnel** to ensure compliance with access to CaliciNet.

b. Ideally, preferred sites should aim to have **two certified personnel** to provide operational redundancy or have the capacity to certify other laboratorians.
c. In the event of personnel changes, sites must notify CDC/APHL **within 10 business days** and outline their plan for retraining and certification.

6. **Funding and Shipping Logistics**
    a. OSC sites are responsible for:
        i. Providing shipping information and labels to supporting states for outbreak specimens.
        ii. Managing costs related to sample receipt and testing as covered by CDC/APHL funding.
7. **Flexibility and Evolution**
    a. OSC sites must adapt to evolving surveillance needs, including potential changes to CDC protocols or outbreak testing requirements:
    b. Any protocol updates will be reviewed **annually** and communicated during scheduled calls or site visits.
    c. Sites will have a mutually agreed-upon implementation timeline to adopt changes.
8. **Quality Assurance**
    a. OSC sites must adhere to the following quality expectations:
    b. Conduct biennial **proficiency testing** to ensure testing accuracy.
    c. Perform quality checks at key workflow stages to minimize errors and reagent waste.
    d. Escalate potential quality issues to CDC for immediate review.
9. **Site Visits and Training**
    a. CDC and APHL may conduct **site visits** to:
        i. Train new personnel in CDC protocols.
        ii. Review workflow and quality assurance practices.
        iii. Address challenges identified through data review or site performance.
    b. **Must participate in call(s)** hosted by APHL/CDC to provide updates and address ongoing issues.
10. **Outbreak Specimen Handling**
    a. OSC sites must sequence outbreak specimens promptly, with consideration for resource efficiency.
    b. Smaller sample batches may be processed alongside validated pathogens (e.g., for NGS, norovirus samples can be co-sequenced in a run together with PulseNet pathogens) where feasible.
    c. Sites should balance efficiency with timeliness to meet CDC surveillance objectives.

Appendix B: Minimum Requirements

Please review and respond to each of the minimum requirements below. By signing this agreement, you are affirming that your organization can meet each of the minimum requirements described.

YES	NO	MINIMUM REQUIREMENT
		[List N/A for any fields not used]
☐	☐	Is your laboratory a CaliciNet certified laboratory?
☐	☐	Does your laboratory have at least 1 personnel CaliciNet certified?
☐	☐	Does your laboratory have sufficient equipment, laboratory space and workforce capacity for the proposed work?
☐	☐	Does your laboratory have established capacity for Sanger and/or next generation sequencing while meeting quality metrics?
☐	☐	Is your laboratory willing to alter or amend existing sequencing protocols?
☐	☐	Is your laboratory willing to increase the frequency of performing certain methods (if required) to meet expected turnaround times?
☐	☐	Does your laboratory have the ability to collect all required metadata?
☐	☐	Does your laboratory have the ability to retain residual clinical specimens (stored at proper temperature, not inactivated) for up to 3 years post-selection for sequencing and provide CDC with specimens, upon request, for additional characterization/use at CDC?
☐	☐	Is your laboratory able to contract with APHL or do you have an existing relationship with a third party that can contract directly with APHL on behalf of the laboratory?

On behalf of the applicant organization, I agree that the applicant organization can meet the minimum requirements necessary to apply for this award as outlined above.

Signature: _____ Date:

Printed Name: _____

Appendix C: Score Card

The following table is a copy of the score card that will be used to evaluate RFP responses.

Category/Question	Maximum Value	Score	Comments (REQUIRED)
Physical Environment 1. Does the applicant have appropriate physical space and workflow to handle the proposed sequencing volume? Consider the availability of existing equipment and space and the ability of the laboratory to purchase additional equipment. 2. If the application uses a core facility, do they demonstrate the ability to coordinate and prioritize the proposed work to ensure dedicated norovirus sequencing runs with the desired turnaround time? **Ideal** (7-10 points): Describes ability to handle testing volume for all activities; describes appropriate equipment and space or ability to obtain additional equipment in a timely manner. **Adequate** (4-6 points): Describes ability to meet most testing volume requirements but may have to adjust workflow to accommodate work; has some deficiencies in their equipment or ability to obtain additional resources. **Limited** (1-3 points): Applicant describes limited ability to meet testing volume requirements; has many deficiencies in their equipment or ability to obtain additional resources. **Inadequate** (0 points): Applicant does not demonstrate the ability to handle the testing volume for all methods and neither has the current equipment or ability to obtain the unmet needs and/or does not demonstrate a clear understanding of the requirements.	10		
Staffing **High** (7-10 points): Applicant has enough staffing and a strong history of relevant experience, subject matter expertise: at least 2.0 FTE with ≥ 3 years of experience performing Sanger and/or NGS. **Moderate** (4-6-points): Applicant has staffing and some relevant experience but will require additional training, guidance or technical assistance in others, subject matter expertise: 1.0 FTE with ≥ 3 years of experience performing Sanger and/or NGS.	10		

Low (1-3 points): Deficiencies in staffing in this area, subject matter expertise: 1 FTE with <3 years of experience performing Sanger and/or NGS **No Experience** (0 points): Applicant does not demonstrate internal subject matter expertise is this area.			
Workload and Turnaround Time Does applicant indicate ability to increase workload and meet turnaround time requirements? **High** (18-25 points): Describes workload increase processes and indicates bi-weekly TAT during norovirus season (Nov – Apr) and monthly during non-norovirus season (May – Oct). **Moderate** (11- 17 points): Describes meeting workload increase and TAT with less stringency. **Low** (3-10 points): Describes limited ability to meet workload increase and TAT. **No /Unclear** (0-2 points): Does not describe or is not able to meet workload increase and/or TAT.	25		
Sequencing Methods Does the applicant have sufficient capacity (in-house or via commercial lab) and experience performing Sanger and/or NGS? Is the applicant able to accommodate increased number of sequencing runs (if needed or requested by CDC)? Does the applicant have adequate quality assurance processes and troubleshooting plans in place? **High** (18-25 points): Describes extensive experience utilizing sequencing platforms on relevant pathogens with good depth of coverage, pass/fail rate, sufficient capacity and staff experience to handle additional volume, describes appropriate staffing and equipment, and regularly meets target turnaround times. **Moderate** (11- 17 points): Describes sufficient experience performing sequencing methods with adequate depth of coverage, pass/fail rate and limited submission recalls, some concerns about appropriate capacity to handle additional volume and/or does not demonstrate ability to regularly meet target turnaround times. **Low** (3-10 points): Describes experience performing sequencing methods with limited depth of coverage, unsatisfactory pass/fail rate and moderate number of submission recalls deficiencies in workforce experience and/or ability to meet target turnaround times and/or handle additional volume. **No /Unclear** (0-2 points): Applicant does not demonstrate or has limited ability to conduct sequencing.	25		

Informatics/Bioinformatics Does the applicant have experience using CaliciNet to submit sequences to pipelines and evaluating sequence quality? Does the applicant have sufficient experience to submit high quality Sanger and/or NGS sequences to CaliciNet? **High** (15-20 points): Describes extensive experience to perform sequence assembly, post-run analysis, data curation and data transmission. **Moderate** (10-14 points): Describes sufficient experience or limitations in one area to perform sequencing assembly, post-run analysis, data curation and data transmission. **Low** (5-9 points): Describes limited experience in more than one area performing method, to perform sequencing assembly, post-run analysis, data curation and data transmission. **No /Unclear** (0-4 points): Applicant does not demonstrate ability to perform sequence analysis.	20		
Existing Partner Collaboration Does applicant have a tracking record of good communication with neighboring state health laboratories? **High** (10 points): Describes existing network with >=5 state laboratories. **Moderate** (5 points): Describes existing network with >=3 state laboratories. **Low** (3 points): Describes existing network with 1 state laboratory. **No /Unclear** (0 points): Describes no existing network with state laboratory.	10		
TOTAL SCORE	**100**	**____**	

Appendix D: Federal Funding Accountability & Transparency Act (FFATA)

Applicability: The awarded entity must disclose the information below when the award is over $30,000 and the contracting entity is not an individual person.

APHL will collect this information during the contracting phase and will keep your completed statement in the corporate records of the Association.

Contractor/Award Recipient's Name:	
Amount of Compensation (obligated amount):	
Funding Agency:	
CFDA Number: See the definition of the "Cooperative Agreement" in the Work Order.	
Award Title Descriptive of the Purpose of the Funding Action (See definition of the "Project" in the Work Order):	
Contractor/Award Recipient's Location:	
Contractor/Award Recipient's Congressional District:	
Contractor/Award Recipient's Place of Performance:	
Contractor/Award Recipient's Place of Performance Congressional District:	
Contractor/Award Recipient's Unique Entity ID (SAM UEI):	
Contractor/Award Recipient's Unique Entity ID of Parent Organization, if applicable (SAM UEI): In order to determine whether you are required to provide executive compensation data, answer the following question(s):	
1. In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific CCR record, represented by a SAM UEI, belongs) receive:	
a) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?	☐ Yes ☐ No

b) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?		☐ Yes ☐ No	
If you selected 'Yes' for both a) and b) in question 1 please go to question 2. If you selected 'No' for either or both a) and b) in question 1 you are done completing the form.			
2. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this specific CCR record, represented by a SAM UEI, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended (15 U.S.C. §§78m(a), 78o(d)), or section 6104 of the Internal Revenue Code of 1986, as amended (26 U.S.C. §6104)?		☐ Yes ☐ No	
If you selected 'Yes' to question 2 you are done completing the form. **If you selected 'No' to question 2 please provide the names and total compensation for your five highest compensated executives** (i.e. officers, managing partners, or any other employees in management positions):			
Name:		Total Compensation:	
Name:		Total Compensation:	
Name:		Total Compensation:	
Name:		Total Compensation:	
Name:		Total Compensation:	