Request for Proposals (RFP):

Program Evaluator for APHL-CDC Global Health Security Acceleration Projects

October 28, 2019

Submissions due to Elizabeth Toure (infectious.diseases@aphl.org)

via: The Association of Public Health Laboratories, Inc.
8515 Georgia Avenue, Suite 700
Silver Spring, MD 20910

The development of, and the projects anticipated in, this RFP are supported by Cooperative Agreement Number NU2GGH001993 between the U.S. Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories, Inc. The contents of this RFP are solely the responsibility of the authors and neither represent the official views of CDC nor reflect CDC's endorsement of a product or procedure.

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Summary

Since 2016, the Association of Public Health Laboratories, Inc. (APHL, or the Association) has collaborated with the U.S. Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases (NCIRD) to build laboratory capacity in order to detect and respond to respiratory and vaccine preventable pathogens of global health security (GHS) concern. CDC also executed related internal initiatives and partnered with other organizations such as Institute Pasteur to build global laboratory capacity.

APHL is seeking an evaluation specialist to help measure the effectiveness of these laboratory-focused GHS activities provided to NCIRD through GHS funds to support activities carried out between 2016 and 2019 calendar years. Effectiveness of these activities is defined by laboratory capacity gains identified in 2020 measured against baseline laboratory capacity in 2016. Additionally, APHL seeks to understand the value of partner-facilitated implementation in helping accelerate and implement CDC's initiatives.

The evaluation will:

1. Explain how and if NCIRD GHS activities contributed to both country and CDC NCIRD programmatic advancements;

2. Document the financial investment related to the activities in relation to measurable outcomes; and

3. Document key lessons learned, challenges, and successes to help inform future programming.

Through this RFP, APHL seeks to identify an organization or individual who can support an evaluation project, including the following tasks:

- Program analysis and data completeness analysis
- Data collection tool development
- Program evaluation expertise
- Strong facilitation and project management methodologies

Background

APHL is a non-profit organization that works to safeguard the public's health by strengthening public health laboratories (PHLs) in the United States and globally. APHL is organized under the laws of the United States of America's District of Columbia, with its headquarters office in Silver Spring, MD. The Association's members include state and local laboratories, state environmental and agricultural laboratories and other government laboratories that conduct testing of public health significance. APHL is recognized as tax exempt in the United States under Section 501(c)(3) of the U.S. Internal Revenue Code. Its work on behalf of public health labs spans more than 60 years.

In collaboration with its members, APHL advances laboratory systems and practices and promotes policies that support healthy communities globally. The Association serves as a liaison between the public health laboratories and federal and international agencies. It ensures that the network of public health laboratories has current and consistent scientific information in order to be ready for outbreaks and other public health emergencies.

The APHL Infectious Diseases Program builds public health laboratory capacity to detect, identify and respond to infectious disease threats. APHL supports both domestic and global initiatives through Cooperative Agreement Number NU2GGH001993 (the Cooperative Agreement) with the CDC.

Eligibility

Interested parties must submit a proposal to APHL that provides all of the information specified in the Proposal Submission section below. In order to be considered for funding, an applicant must ensure APHL has its complete proposal by no later than the Proposal Due Date specified in the Anticipated RFP Schedule section below. Applicants will find proposal submission information in the Response Submittal section below.

Anticipated RFP Schedule

Applications are due to the individual(s) specified in the Final Response section of this **RFP by 5:00 pm Eastern Standard Time (EST) on November 22, 2019**. APHL anticipates the following schedule for the entire competitive bidding process:

October 28, 2019	APHL issues RFP
November 5, 2019	Letter of Intent due to APHL by 5:00 pm EST
November 22, 2019	*Complete RFP responses due to APHL by 5:00 pm EST*
November 25 – December 5, 2019	Proposal review
December 5, 2019	APHL publicly announces the names of the selected applicants on its procurement website, www.aphl.org/rfp
January 6, 2020	Anticipated start date of project

APHL will post any modifications to this anticipated schedule to APHL's procurement website, www.aphl.org/rfp.

Response Submittal

Confirmation of Intent to Respond

APHL requires that prospective applicants submit a brief email statement indicating intent to submit a proposal by **no later than 5:00 PM EST on November 5, 2019**. The letter of intent should be emailed to infectious.diseases@aphl.org (Attn: Elizabeth Toure). While the letter of intent is not binding and does not enter into the review of the RFP, the information that it contains allows APHL's evaluation team to plan the contract development and review process. **It is required for consideration of application.** Potential applicants must include the name of the organization or individual that will submit the proposal in their email.

Final Response

APHL must receive a complete proposal by no later than **5:00 PM EST on November 22, 2019.** Applicants should submit proposals via email to infectious.diseases@aphl.org (Attn: Elizabeth Toure). It is the applicant's responsibility to ensure that APHL receives the proposal by this deadline.

APHL will send an email acknowledging the receipt of your application. If you do not receive an acknowledgement within 48 hours, please call 240-485-3860 and email infectious.diseases@aphl.org.

APHL will post any modifications to this anticipated schedule to APHL's procurement website, www.aphl.org/rfp.

Questions

Please direct all questions regarding this RFP or its application requirements via email to Stephanie Chester/Elizabeth Toure at infectious.diseases@aphl.org.

A member of APHL's Infectious Diseases staff will respond directly to the questions on an individual basis. While APHL will endeavour to answer questions within one business day of receipt, additional time may be needed depending on the issue raised. APHL anticipates that it will also post each question, together with the answers, to APHL's procurement website (www.aphl.org/rfp) within one business day of responding directly to the email sender.

Scope and Approach

The organization or individual engaging in this project must provide the capabilities to work on a comprehensive program evaluation.

APHL has included a draft concept note (see Appendix A), for reference and upon which this program will be based. The concept note includes background information pertaining to the projects undergoing evaluation, as well as a description of all activities that the evaluation will entail (including expected evaluation deliverables for the evaluation contractor). **Applicants should review this document**

thoroughly prior to formulating their responses. Applicants will be expect to advise and collaborate with CDC and APHL to revise the concept note and finalize evaluation research questions to be addressed as part of the project.

The awardee will develop a program evaluation that addresses the following:

1. Describe how NCIRD GHS activities contributed to both country and CDC NCIRD programmatic advancements;

2. Document the financial investment related to the activities in relation to measurable outcomes; and

3. Document key lessons learned, challenges, and successes to help inform future programming.

The program covers a wide range of projects. APHL will provide all relevant materials and information to the selected applicant pertaining to each project undergoing evaluation.

Project Term and Award

APHL will deliver a written notice of award to the successful applicant. The awardee will receive funding through a contract agreement with APHL for a maximum amount of $130,000. Funding is available for the period from November 1, 2019 through December 31, 2020.

APHL has responsibility for validating the accuracy and completeness of the content of the final product and all materials created.

Proposal Submission

Guidelines and Required Information

The applicant must ensure that APHL receives its letter of intent and complete response by the due dates set out in the Anticipated RFP Schedule above. *APHL's evaluation team will not review incomplete applications.*

There is no designated response format or outline for responding to this RFP. However, regardless of the chosen format, an applicant's proposal must be limited to eight (8) pages of narrative and visuals. If an application exceeds this 8-page limit, only the first 8-pages will be sent to the evaluation team and scoring will be based solely on the portion of the proposal submitted for review. An application should have a font size of 11 points or larger and page margins of at least 0.5 inches. *Note*: Neither the Cost Proposal described below nor anything included as an appendix will count as part of the 8-page limit (material included as an appendix will only be used as reference material and will not be reviewed as part of the evaluation process).

The applicant must include the following in their 8-page response:

1. A company/consultant profile;
2. A description of two (2) past program evaluation activities that best reflect the applicant's work and relevancy to this project (examples of relevant materials may be included as an appendix);
3. A description of the applicant's experience in producing evaluation programs for highly technical or scientific content (examples may be included as an appendix);
4. A proposed project plan and timeline;
5. A description of organizational capacity and to address the scope outlined in the RFP;
6. A description of the team assigned to this project, including a brief description of each person's role; and
7. A proposed approached to address the work outlined in the RFP scope and Appendix A.

Cost Proposal

The applicant should provide a detailed cost estimate and explanation/justification of costs. The cost proposal must be no longer than two (2) pages and does not count against the 8-page limit for the proposal described above. There is no required format and applicants should submit the cost proposal in the format of the applicant's choice.

Evaluation

Initial Review

APHL staff members will conduct an initial review of all proposals for completeness. Incomplete proposals will not receive a formal evaluation.

Evaluation Process

APHL will conduct reviews via a combination of teleconference and email communications between the evaluation team described below. An APHL Infectious Disease staff member 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. These interviews and any supplemental information will clarify an applicant's capacity or experience in one or more of the evaluation criteria, or will help to explain other information contained in an applicant's proposal.

Evaluation Team

APHL and CDC will assemble an evaluation team to evaluate competitive proposals and assess their relative qualities based on the Evaluation Criteria outlined below. This evaluation team will consist of four APHL and CDC staff members: the APHL Infectious Disease Director, the APHL Respiratory Disease Manager, and two CDC NCIRD staff.

Conflicts 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 and to affirm that they have no conflict of interest that would preclude an unbiased and objective review of the proposals received. A copy of the disclosure statement and the related Fiduciary Responsibility and Conflict of Interest Policy is attached as Appendix C: Conflict of Interest Disclosure Form and Policy. APHL will not select reviewers with a perceived or potential conflict of interest. Once potential reviewers have been identified, APHL's Director, Infectious Diseases will have final approval over the review team's composition.

Evaluation Criteria

The evaluation team will use the following criteria as a general overall framework in which to evaluate proposals:

- *Suitability of the Proposal* – The proposed solution meets the needs and criteria set forth in the RFP.
- *Program Evaluation Expertise* – The applicant shows knowledge of the subject by recommending and communicating appropriate technical solutions as evidenced by the proposal and references.
- *Organizational Capacity* – Applicant has successfully completed similar projects and has the qualifications necessary to undertake this project. The applicant firm has appropriate staff to devote to the project within the timeframe needed.
- *Project Management*- The applicant shows experience and resources related to successful management of a similar program.
- *Value/Pricing Structure and Price Levels* – The price is commensurate with the value offered by the applicant.

Each member of the evaluation team will evaluate proposals against the questions or criteria found in Appendix B: "Program Evaluation Services for APHL-CDC Global Health Security Acceleration Projects" RFP Scorecard. Each member will assign a numeric score from zero (0) (indicating a 'poor' response) to four (4) (indicating an 'outstanding' response) to reflect that reviewer's assessment of the responsiveness of a proposal to each question or criterion. The evaluators will assign score using the following categorizations:

- *Poor* (0 points) – The respondent's proposed approach neither meets the baseline requirements set out in this RFP nor demonstrates more than a minimal understanding of the subject matter.
- *Fair* (1 point) – The respondent's proposed approach does not meet the baseline requirements set out in this RFP but does demonstrate a baseline understanding of the subject matter.
- *Good* (2 points) – The respondent's proposed approach meets the baseline requirements set out in this RFP and demonstrates the necessary understanding of the subject matter.
- *Excellent* (3 points) - The respondent's proposed approach exceeds the baseline requirements set out in this RFP and demonstrates a deep understanding of the subject matter.

- *Outstanding* (4 points) - The respondent's proposed approach greatly exceeds the baseline requirements set out in this RFP and demonstrates a thorough and comprehensive understanding of, or an expertise in the subject matter.

The raw scores will be weighted in such a manner so that the 52 maximum possible raw score points will be converted into a maximum possible weighted score of 100 points.

Post Evaluation Procedures

APHL staff will notify the selected awardee within ten (10) business days of completion of the evaluation, and APHL will post the name of the recipient on APHL's procurement website, found at www.aphl.org/rfp on the same day. Unsuccessful applicants will receive notification of these results by e-mail within 30 days of the date that the winning/successful vendor is posted.

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

Conditions of Award Acceptance

The eligible applicants must be able to contract directly with APHL or have an existing relationship with a third party organization that can contract directly with APHL on behalf of the applicant. Applicants must agree to comply with expectations outlined in the appendices.

General Considerations

This RFP is neither an agreement nor an offer to enter into an agreement with any respondent. Once application evaluation is complete, APHL may choose to either enter into a definitive contract with the selected applicant or decline to do so.

APHL must ensure that the selected respondent is neither suspended nor debarred from receiving federal funds and that the respondent meets any other funding eligibility requirement imposed by the Cooperative Agreement. APHL's determination of whether the respondent is eligible to receive Cooperative Agreement funding will be definitive and may not be appealed. In the event that APHL determines that the selected respondent is ineligible to receive Cooperative Agreement funding, APHL will nullify the contract or will cease negotiation of contract terms.

Each respondent will bear its own costs associated with or relating to the preparation and submission of its application. These costs and expenses will remain with the respondent, and APHL will not be liable for these or for any other costs or other expenses incurred by a respondent in preparation or submission of its application, regardless of the conduct or outcome of the response period or the selection process.

Appendix A – Program Evaluation Services for APHL-CDC Global Health Security Acceleration Projects Concept Note

DRAFT Concept Note

Developed by:

- Association of Public Health Laboratories (APHL)
- Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases (NCIRD)

Background

NCIRD received funding in 2016 for multiple acceleration projects (AP) under GHS to support respiratory disease detection and outbreak response. Through the expanded International Reagent Resource (IRR), partners were able to support laboratory capacity trainings in non-influenza respiratory laboratories. The IRR provides countries with laboratory testing reagents to carry out diagnostic and surveillance testing for a variety of pathogens at no cost. With CDC subject matter expert (SME) input, partners trained high risk country laboratories on use of CDC reagents and diagnostic protocols, laboratory outbreak response procedures, packaging and shipping of respiratory specimens, in addition to providing quality assurance measures to ensure capacities fulfilled to meet International Laboratory Standards (ISO) and Joint External Evaluation (JEE) metrics under the International Health Regulations (IHR). Each AP served as a mechanism by which methods to build laboratory capacity were employed.

Initially, AP efforts targeted 17 GHS phase 1 countries across Asia and Africa designated as National Influenza Centers (NICs). These countries were the first to receive benefits of the expansion of the IRR to include non-influenza viral diagnostic kits, participate in external quality assessment (EQA) panel reviews and receive training on packaging and shipping respiratory specimens. Three of these 17 countries also received outbreak response consultations. Over time, the focus of NCIRD's GHS activities shifted towards under resourced countries in Africa with less focus on, though still inclusion of, Asian countries.

The original accelerator project categories were broad, and over time, program objectives were refined. Ultimately, support, through a variety of activities, existed for the following two overarching objectives :

1. Build and Sustain Laboratory Capacity for Respiratory Pathogen Detection and Outbreak Response:
    a. Address workforce development needs through pathogen specific laboratory training workshops, toolkits and outbreak response workshops;
    b. Provide necessary equipment and laboratory supplies to perform specific test methods;
    c. Make reagents available to low resource countries through IRR expansion; and
    d. Assess quality and provide targeted technical assistance as needed through distribution of EQA panels
    e. Identify laboratory needs through the development and utilization of assessment tools

2. Improve Specimen Transport Quality and Efficiency:
    a. Address workforce development needs through packaging and shipping training workshops and eLearning modules; and
    b. Procurement and distribution of specimen transport supplies

Program Evaluation Project Summary

1. **Overall objective:** To measure the impact of NCIRD GHS APs in the context of laboratory capacity gains between 2016 and 2019.

    To accomplish this the evaluation will seek to answer the following questions:

a. How did NCIRD GHS APs contribute to country program advancements? Where possible, frame capacity gains in the context of progressing country program efforts to meet WHO Joint External Evaluation (JEE) indicators and International Health Regulations (IHR).

b. How did NCIRD GHS APs contribute to NCIRD global programmatic advancements? What lessons learned should be considered when seeking to do similar activities in the future? Address any past and remaining gaps.

c. What was the total financial investment into NCIRD GHS APs? How did these investments build stronger laboratory systems and, qualitatively, how did NCIRD's financial investments improve sustainability and accessibility to quality laboratory diagnostics for under resourced countries?

d. As self-reported by countries, were the concepts and resources provided through the various APs actually utilized and implemented into country programs? If available, how are the countries utilizing these concepts and resources?

e. How effectively did the disparate projects complement one another? What was learned from project implementation that would improve future similar activities both at CDC and partner organizations?

f. How did circumstances beyond the control of implementing partners and CDC impact the effectiveness and impact of the NCIRD GHS activities (both complementary and detrimentally)? What were the complementary forces that accelerated and facilitated progress? What are common barriers to success?

2. **Expected Deliverables of APs**

CDC's originally expected deliverables of the NCIRD GHS APs were to:

a. Provide access to CDC respiratory diagnostics;

b. Use diagnostic assays readily to report accurate data to inform respiratory disease surveillance programs (routine and during an outbreak) in GHS Phase 1 countries; and

c. Improve capability to transport specimens to reference laboratories including abilities to package specimen correctly and maintain cold chain promoting quality diagnostic results.

3. **Expected outcomes**

As part of this program evaluation, the goal is to measure both the short-term and mid-term outcomes listed below and seek advice and input from the selected awardee on accurate ways to describe progress made by the implementation of the APs towards the long-term outcome. Short-term, mid-term, and long-term outcomes are detailed below:

a. Short-term outcomes:
    1. Laboratories are equipped to transport specimens within their country and trained to ship specimens internationally;

2. Increased laboratory capacity to acquire diagnostic panels, detect non-influenza respiratory and meningitis pathogens, and maintain quality management processes across partner countries;
3. Laboratories have basic capability to detect pathogens as indicated by EQA results and IRR ordering of reagents; and
4. Laboratories have supplies and equipment for specific respiratory pathogen testing.

b. Mid-term outcomes:
   1. Laboratories are reporting pathogens into Ministry of Health (MOH) surveillance systems and WHO as appropriate;
   2. Laboratories have increased capacity to detect pathogens causing outbreaks;
   3. Laboratories have implemented policy and practice changes based on trainings and resources provided;
   4. Laboratories self-reported improved knowledge and capacity for detecting respiratory pathogens and responding to outbreaks;
   5. Laboratories have established testing for meningitis testing if provided training and/or equipment/supplies; and
   6. Laboratories have implemented packaging and shipping supplies into specimen transport system.

c. Long-term outcome:
   1. Over the long term, as the result of the APs, laboratory capacity to accurately detect several viral pathogens, omitting influenza, should have increased since 2016 and these labs should have a marked increase in the number of pathogens detected and reported to the national laboratory system for surveillance input. This is something that will be difficult to measure through this evaluation but it is documented for general awareness.

4. **Overview of U.S. Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases (NCIRD) Global Health Security (GHS) Laboratory Activities (2016-2019)**

Activity	Date/Location	Evaluation Indicators	Implementing Partner(s)	Brief Description
International Reagent Resource (IRR) Expansion	Ongoing/Multiple	IRR access and utilization rates	CDC (internal)	A central repository of laboratory testing reagents and supplies, which allows public health laboratories globally to order reagents at no expense.
CDC Division of Viral Diseases (DVD) Molecular Training	July 2016/Atlanta	Pre-/post-test scores; participant evaluation metrics; 6 month impact assessment; External Quality Assessment (EQA) panel results where possible; APHL summary report	APHL	A workshop for multiple countries focused on the molecular detection of non-influenza respiratory viruses.
Packaging and shipping for transport of quality specimens	March and June, 2017/Uganda and Vietnam	Number of trainees that passed International Air Transport Association (IATA) exam; pre-/post-test scores; participant evaluation metrics; APHL summary report	APHL	Workshops that addressed general specimen transport and handling issues as well as completed the WHO dangerous goods shipping training and administered an IATA exam to help PHLs certify staff to be international shippers.

Molecular training on non-flu respiratory viruses, multiplex and singleplex	March 2017/Cameroon	Pre-/post-test scores; participant evaluation metrics; Institute Pasteur summary report	Institute Pasteur	A workshop for multiple countries focused on the molecular detection of non-influenza respiratory viruses.
External Quality Assessment (EQA)	Ongoing (two deployments to date)	EQA panel results; number of enrollees and completion rates of distributed panels	APHL via Quality Control for Molecular Diagnostics (QCMD)	Panels of blinded specimens were distributed to participating laboratories to use as a proficiency evaluation of their lab and staff. Results were reported back to PHLs to help identify areas for potential improvement.
Outbreak Laboratory Response Workshop		Post site visit reports; potentially IRR orders during known outbreaks	Institute Pasteur	Non-influenza respiratory virus outbreak response workshop.
Bacteriology and Molecular Diagnostic Training for Meningitis	October 2018/Atlanta	Pre-/post-test scores; participant evaluations; 6 month impact assessment; EQA panel results; APHL summary report	APHL	Separate workshops that focused on the detection and serotyping of meningitis pathogens. One set of workshops focused on traditional, culture-based methods and another looked at molecular methods.

Laboratory Impact Meeting	July 2018/South Africa	Participant evaluations; 6 month impact assessment; APHL summary report	APHL	A large summit that brought together participants from many of the previous courses and GHS activities to share implementation successes and challenges and look at to how to keep progress moving forward in a sustainable, self-led manner.
Laboratory Capacity Development through equipment procurement, training and technical assistance	Ongoing throughout 2017 2019	*Current data gap – data collection tools needed*	Institute Pasteur and APHL	Provided equipment and supplies to select PHLs to build specific detection capabilities.
Meningitis Training Toolkit	TBD – target December 2019	*Current data gap – data collection tools needed*	APHL	CDC and international faculty from the culture-based meningitis courses put together a toolkit of standard operating procedures, protocols and slide decks so that the national labs would have the same training.. The hope being that national labs could then use the toolkit to train regional laboratories in their countries. *This*

				product is still currently under development with anticipated release at the end of 2019.
Packaging and Shipping Supply Procurement and Distribution	2017-2018/Multiple	Round 1: *Current data gap – data collection tools needed* Round 2-3: 6 month and 1 year evaluation; 1 year summary report	APHL	Specimen packaging and shipping supplies were provided at no cost to countries. Initially, disposable, IATA-compliant international shipping supplies were provided. Later, resusable coolers and supplies were provided to support more sustainable in-country shipping.
Specimen Handling and Transport eLearning Modules	*Under development now – Target early 2020*	Page views; *additional data collection tools needed*	APHL	APHL is currently developing eLearning modules for specimen handling and transport to make previous packaging and shipping training materials more accessible to a wider audience and allow staff to take refreshers as needed.
Scientific Writing Workshop	July 2019/Senegal	Pre-/post-test scores; participant evaluations; 6 month impact assessment; APHL summary report	APHL	This course focused on preparing participant's

				existing data for manuscript publication.

Suggested other existing data sources to utilize::

- CDC Global Health Security (GHS) Annual Reports
- CDC program activity proposals
- Course agendas and learning objectives
- Project concept notes

5. **Evaluation Deliverables**
   For this project, the selected awardee will be expected to:
   - Develop appropriate research questions based on evaluation objectives and available data;
   - Complete an inventory of existing data sources and gap analysis;
   - Develop data collection plans and tools to address any critical data gaps;
   - Analyse data in relation to identified research questions; and
   - Synthesize analysis and create evaluation report.

Appendix B – Program Evaluator for APHL-CDC Global Health Security Acceleration Projects RFP Scorecard

The following table is a copy of the scorecard used to evaluate RFP responses.

Scoring:	Poor: 0	Fair: 1	Good: 2	Excellent: 3	Outstanding: 4

Category	Criteria	Score	Comments
Suitability of the Proposal: Does the applicant's proposal demonstrate an understanding of the operational need of the project and follow application instructions?	To what degree did the proposal meet the overall objectives of the project?		
	Did the applicant follow instructions - i.e., stay in page count, include required information?		
	Is the information presented in a clear, logical manner and is well organized?		
	Did the applicant provide references for two former or current clients?		
	Section Total		
Program Evaluation Expertise: Does the applicant's proposal demonstrate sufficient experience in program evaluation?	Did the applicant list and articulate two past program evaluation activities they produced that best reflect their work and relevancy to this project? Are the activities articulated at a quality level that APHL seeks?		
	Did the applicant thoroughly explain and have experience in producing program evaluation programs for non-profit and/or global projects?		
	Does the applicant have experience in recommending appropriate technical solutions to program evaluation challenges as evidenced by the proposal and references?		
	Is the applicant's existing knowledge and experience in this field, as described in the proposal, relevant to the project? (provided company profile, length of time in business and experience with evaluating programs)		
	Section Total		
Organizational Capacity: Does the applicant have the appropriate staff to develop the product in the time frame needed?	Does the applicant have organizational capacity to execute the full scope of the project outlined in the RFP and Appendix A?		
	Did the applicant outline an appropriate team to work on this project?		
	Section Total		

Project Management: Does the applicant have experience in project management?	Does the applicant demonstrate project management experience relevant to completion of an international program of this magnitude?		
	Does the applicant have program evaluation processes in place to achieve program goals according to a set schedule?		
	Section Total		
Value/Pricing Structure and Price Levels: Is the price commensurate with the value offered by the applicant?	Did the applicant hold some level of reasonable accuracy for time and cost?		
	Section Total		
	Total Score		

Appendix C – Conflict of Interest Disclosure Statement and Policy (For Completion by Reviewers Only – Applicants Do Not Need to Complete)

Association of Public Health Laboratories

Conflict of Interest Disclosure Statement

Applicability: Disclosure of the following information is required of all Officers, Directors, committee members, staff members and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel"). Please answer the following questions and, where indicated, include the same information for your immediate family members (your parents, your spouse or partner, your children and your spouse/partner's parents).

APHL will keep your completed disclosure statement in the corporate records of the association.

1. Please list the name, address, phone number, email address and type of business of your current employer. If you are self-employed, please note that below and provide us with the address, phone number, email address and type of business you operate.

_____

_____

_____

2. Do you, or does any family member, currently serve as an officer, director, committee member, or other volunteer (or work as an employee of or a paid consultant to) any organization serving the interest of laboratory science or public health laboratories other than APHL or your state or local laboratory?

☐ **Yes** ☐ **No**

If yes, please list the organization(s) and provide detail on your or your family member's interest or position in the organization(s).

_____

3. Do you, or any family member, have an existing or potential interest in, or compensation arrangement with, any third party providing goods or services to APHL, or with which APHL is currently negotiating?

☐ **Yes** ☐ **No**

If the answer is yes, please provide the name of the organization below and describe in detail the nature of the position held.

4. Please note any other financial or business interest you may have with any organization serving the interests of public health laboratories.

If you have none, please check this box: ☐

5. Do you, or does any family member, have any other interest or affiliation that is likely to compromise your ability to provide unbiased and undivided loyalty to APHL, or that could come in conflict with your official duties as an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL?

☐ **Yes** ☐ **No**

If you answered yes, please describe in detail below the nature of each such interest or affiliation.

6. If you are currently aware of any actual or possible conflict of interest that might otherwise hamper your ability to serve APHL to your best ability and with the highest degree of care, loyalty and obedience – ***including any potential conflict you or a family member may have with one or more of the RFP applicants*** – please describe them in detail below.

_____

_____

_____

7. Do you agree that so long as you are an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL you will immediately disclose to the other Directors and/or Officers or, for staff members, the Executive Director and/or General Counsel the nature of any interest or affiliation which you may hereafter acquire, which is in or is likely to become in conflict with your official duties with APHL?

☐ **Yes** ☐ **No**

YOU MUST READ THIS SECTION AND THEN SIGN BELOW

I acknowledge that I have received and read APHL's Fiduciary Responsibility and Conflict of Interest Policy (the Policy). I have listed all my relevant fiduciary responsibilities and affiliations, and I have identified any actual or potential conflict of interest on this Disclosure Statement and I agree to abide by the Policy. I understand that it is my responsibility to inform APHL in writing of any change in circumstances relating to the Policy and this Disclosure Statement.

Signature: _____ Date: _____

Printed Name: _____

APHL Fiduciary Responsibility and Conflict of Interest Policy

1. Policy Statement and Purpose

The members of the APHL Board of Directors understand the importance of serving APHL to the best of their ability and with the highest degree of obedience, loyalty and care. Accordingly, the Board adopts the following policy for APHL Officers and Directors, all staff, committee members, and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel").

2. Individual Duty and Annual Disclosure

APHL Personnel will avoid any conflict of interest with APHL. APHL Personnel will not profit personally from their affiliation with APHL, or favor the interests of themselves, relatives, friends or other affiliated organizations over the interests of APHL. As used in this Policy, "Conflict of interest" includes any actual, apparent, and potential conflict of interest.

Upon commencing service with APHL, each APHL Personnel will file with the Board an annual statement disclosing all material business, financial, and organizational interests and affiliations they or persons close to them have which could be construed as related to the interests of APHL or the profession of public health laboratory science. Each APHL Personnel has an obligation to make an additional disclosure if a conflict of interest arises in the course of the individual's service to APHL, whether arising out of his/her employment, consulting, investments, or any other activity. These disclosures will be documented promptly in writing and recorded in the Board minutes and corporate records.

3. Procedure

Whenever APHL considers a matter, which presents an actual, apparent, or potential conflict of interest for APHL Personnel, the interested individual will fully disclose his/her interest in the matter, including the nature, type, and extent of the transaction or situation and the interest of the individual or that individual's relatives, friends or other affiliated organizations. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, what is the appropriate course of action under this policy and the Board vote will be recorded in the minutes.

Any Board member having a conflict of interest must either (i) voluntarily abstain from and be disqualified from participation in all deliberation and voting on all Board actions relating to the situation or matter that gives rise to the conflict of interest, or (ii) ask the Board to determine whether an apparent or potential conflict of interest is considered by the Board to be an actual and material conflict. In the event that the Board member in question requests that the Board evaluate the apparent or potential conflict, that Board member will abstain and be disqualified from participating in (and voting

on) the determination of whether the issue presents an actual and material conflict. If the Board determines that an actual and material conflict exists, the Board member in question will abstain from all voting on, and will be disqualified from participation in all deliberation concerning all Board actions relating to the conflict of interest. The vote will be recorded in the minutes.

These procedures will neither prevent the interested individual from briefly stating his/her position on the matter, nor preclude him/her from answering pertinent questions of Board members, since his/her knowledge may be of assistance to the Board's deliberations.

APHL Personnel must be cautious and protective of the assets of APHL and insure that they are used in the pursuit of the mission of APHL. The association's policy requires APHL Personnel to avoid transactions in which APHL personnel may have a significant financial interest in any property which APHL purchases, or a direct or indirect interest in a supplier, contractor, consultant, or other entity with which APHL does business. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, determine whether the transaction is nonetheless favorable to APHL before considering whether to approve it.

4. Other Duties and Obligations

Whenever any APHL Personnel discovers an opportunity for business advantage that is relevant to the activities of APHL, the opportunity belongs to APHL and the individual must present this opportunity to the Board. Only once the Board determines not to pursue the matter and relinquishes the opportunity may the individual consider it a matter of possible personal benefit.

APHL Personnel may not accept favors or gifts exceeding $75.00 from anyone who does business with APHL.

All APHL Personnel will keep confidential those APHL matters designated confidential. APHL Personnel are prohibited from disclosing information about APHL to those who do not have a need to know or whose interest may be adverse to APHL, either inside or outside APHL, and are prohibited from using in any way such information for personal advantage to the detriment of APHL.

All APHL Personnel who participate in APHL activities, including committee activities and international consultation activities, must be adequately prepared to fully participate as their position descriptions require and will do so in accordance with the applicable laws and regulations of their respective state or territory and APHL's Articles of Incorporation, Bylaws, and corporate policies. The APHL Board will read and understand the association's Articles of Incorporation, Bylaws, corporate policies and financial statements, and routinely verify that all state, federal, and local tax payments, registrations and reports have been filed in a timely and accurate manner.

Board members will never exercise authority on behalf of APHL except when acting in meetings with the full Board or the Executive Committee or as authorized by the Board. If any member of the Board has significant doubts about a course of action of the Board, he or she must clearly raise the concern with the Executive Director and the Board and, when appropriate, seek independent expert advice.