AMENDMENT OF SOLICITATION

AMENDMENT NO: 03	EFFECTIVE DATE: December 14, 2006
SUBCONTRACTOR NAME AND ADDRESS: N/A	ISSUED BY: SAIC-Frederick Inc. 1050 Boyles Street P.O. Box B, Research Contracts Frederick, MD 21702-1201

AMENDMENT OF SOLICITATION: S06-285 DATED: November 1, 2006

The purpose of this amendment is to convey the minutes from the pre-proposal teleconference held on Tuesday December 12, 2006 (12:00—1:00PM EST). The minutes provided in pages 2-8 of this amendment were developed from transcripts of the teleconference proceedings and have been edited to minimize extraneous content.

***** Offers provided in response to RFP S06-285 must acknowledge the receipt of this Amendment by indicating the Amendment number and effective date on page 1, block 15, of the RFP *****

For SAIC-Frederick, Inc:	**Name & Title:**	**Date Signed:**
	Shannon Jackson Supervisor, Research Contracts	December 14, 2006

NCCCP PREPROPOSAL TELECONFERENCE MINUTES
Edited from transcripts of teleconference proceedings

[Omitted elements]: Initial line chatter prior to beginning of teleconference, moderator welcome statement, SAIC-Frederick/NCI panel introductions, notification of teleconference recording, and guidelines for participation.

The NCCCP RFP is to solicit a subcontract, not a grant. There are some important distinctions between the two. I will just point out some high points of a subcontract. Your organization's business office could make the distinction to a greater extent and can counsel you appropriately. A contract is a legally binding agreement that includes an offer, acceptance and consideration. In this case, the offer will be a proposal submitted in response to this RFP. The acceptance will be our [SAIC-Frederick] awarding of the subcontract. And the consideration is the services rendered and monies paid. Additionally, with a subcontract, the nature of the work may not be altered without permission from the SAIC Frederick contracting officer. Also, payment will be made periodically. Payment is not made up front. It will be done so periodically based on the submission of fully documented and appropriate invoices as described in the RFP. And lastly, another item to note the subcontract will have specific start and end dates, to be determined later, and will have fixed cost ceilings that can only be altered with written permission by SAIC Frederick.

Before I do that, I was just reminded I had sent out Amendment 2 which included discussion of the second round of questions as well as the responses, was sent out last night. So you can go to the Web site that I had mentioned and is listed in your agenda to get those questions and those responses. So if you have access, very quickly, and you have not seen it yet, give that a quick glance. You may find that the question you are about to ask is already responded to in that document.

So with that, we will go on to [teleconference agenda item] 5(a), Questions or Discussion Points Related to Clinical Trials:

QUESTION: In the proposal, it refers to being able to do, or refer out, or have a place to send at least phase II clinical trials. Is there an issue with being able to do phase I and II clinical trials on site?
ANSWER: No, there is no problem with that at all.

QUESTION: I saw nothing in the requirements about geographical location next to or in proximity to a designated NCI Cancer Institute. Is there any geographical restrictions?
ANSWER: No, no geographical restrictions.

QUESTION: We understand that the proposal should include all of the infrastructure and the items that we have in place currently. But we are in the process of planning an additional program to assist in obtaining patients from disparate populations. And with that, we would like to know, where could we include those plans for something that is currently not in place but should be in the near future?
ANSWER: First of all, it would have to be approved and budgeted. List it in the appendices, and probably reference it in the text.

QUESTION: Our question relates to when you talk about programs and services that you have in place for health care disparities. Are you speaking of cancer specifically or is it hospital-wide, or both?
ANSWER: It could be both. We are hoping that you would each elaborate on cancer-specific programs.

QUESTION: So when you say that, can we develop new programs as part of this subcontract to reach out to disparate populations, or do those have to be already in existence and funded through the system?
ANSWER: What we are expecting is that there is a baseline of programs. And over the course of the three-year pilot you would be increasing or expanding those programs.

QUESTION: Just a clarification on groups included in disparities. Is elderly included in the disparity group?
ANSWER: There is a definition that is provided in the RFP. There are links that define what is included in the group.

QUESTION: I would like to go back to a question that was asked about including hospital-wide programs in disparities. There was some noise on the line, so I was unclear about the answer. Is it restricted to cancer programs or can it be hospital-wide?
ANSWER: We are hoping that you would describe all of your activities related to disparities, but be specific in addition about cancer-specific programs.

QUESTION: Could you define the definition of linkages versus partnerships?
ANSWER: Is that with respect to NCI-designated Centers?

QUESTION: It is in regard to meeting the disparate needs of the population.
ANSWER: Well, the words have different meanings to all different people. But we are contemplating that they are not necessarily formalized corporate linkages; that they are programmatic linkages. So you could call it a partnership or a linkage or a collaboration, so that it is formalized but doesn't have to be a contract or anything to that extent.

QUESTION: Could that linkage be formalized and contractual?
ANSWER: Certainly.

QUESTION: With relationship to RFP Attachment 5, Section 14(a), if our organization does not sell products, we are wondering how this section is relevant or what is the intent?
ANSWER: That would have to be the determination that your organization would make; if it does not apply, annotate that it is not applicable.

QUESTION: In the same RFP Attachment 5, Item 18, for toxic chemicals, I am assuming the definition includes chemotherapy. How is this applicable to the subcontract?
ANSWER: Based on our discussions here, we think that that would not apply.
QUESTION: Oh, so chemotherapy is not considered a toxic chemical?
ANSWER: Well, the chemotherapy that is administered is not part of this subcontract. That is through other mechanisms that you have, through pharma or cooperative groups or other arrangements, not under this particular contract.

QUESTION: And then in the same RFP, Item 23, is the intent to determine the companies that we are paying software licensing fees to? We were trying to understand what the intent of Item 23 was.
ANSWER: This would only apply if these were royalty costs that were applicable under this subcontract and you intended to seek reimbursement under this subcontract. You would have to disclose that in accordance with Items 23.

QUESTION: I have one last question on Item 25 with relationship to 52.227. Generally, on the FAR, it is preceded by 52.227-14. And so we are trying to understand how this is applicable, or do we need to review the actual contract with relationship to rights in Data General?
ANSWER: I believe 52.227-14 is included in Section I of the RFP document. It is not provided in full text, but it is provided under Section I(1)(a), it is listed.

QUESTION: I do have a question for you with respect to the components in the information or the answers that you provided last night. You talked about the fact that components do not need to be submitted for those in the past one to five years. Apparently you are talking about electronic medical -- I am not sure how the question in the IT section, where it asks for the system components that have been installed, how that answer -- I am just not sure of what you are searching for.
ANSWER: I think the question, as we read it, was going back in time in someone's mind, that they would provide information over the past five years. Our requirement is the current state and going forward.

QUESTION: Okay. And it only applies to the electronic medical record for cancer services? It does not apply to hospital-wide systems?

ANSWER: No. We want to get an overview of your hospital-wide systems. And specifically, we want to know what your current state or plans are for an electric medical record, because that is part of one of the requirements for this contract.

QUESTION: Okay, so you are just looking at going forward.
ANSWER: We wanted an overview of your IT systems.

QUESTION: When you want an overview of the systems, are you more interested in the application or the actual infrastructure?
ANSWER: Both, in a very general sense.

QUESTION: I have a question about the salary cap that is listed in the RFP. A requirement of the RFP is to have a full-time medical director on board and would anticipate paying them at least a part of their salary out of the grant. Does that salary cap apply to their total salary or just what can be paid out of the grant? Because I guarantee you I will not find physicians who will work for that amount of money.
ANSWER: It does apply. Under the subcontract, the government will only allow us to reimburse $183,500 per year of base salary. That is not to say you have to pay them that; you can pay the individual any amount however, this subcontract can only reimburse up to that amount for base salary.

QUESTION: So that can be a partial reimbursement of their total salary, it doesn't affect what their total salary is?
ANSWER: That is correct.

QUESTION: I have two questions. One is: Does there need to be a full-time medical director at the beginning, or is this throughout the three years? Number two: In generating the proposal, do you generate not only the budget as outlined but also a budget justification?
ANSWER: To your fist question, there needs to be a medical director, but not necessarily meeting the requirement that is planned for the end, which is devoting most of his or her time to directing the program. So that is a requirement at the end. And what we would be looking for you to elaborate on is the medical director and what the role is at the beginning as well. But it does not have to be the same amount of time. And for the justification question, a full justification should be submitted with your cost proposals.

QUESTION: If a national system is having three sites, do we submit one invoice or do we do three invoices?
ANSWER: It would just be one invoice.

QUESTION: A centralized invoicing system?
ANSWER: Yes.

QUESTION: I have a technical question. You need nine copies of the price proposal as well?
ANSWER: Yes.

QUESTION: A question regarding indirect cost rate. We currently do not have a federally negotiated indirect cost rate. We do have a rate we use with our industry contracts. Would that be acceptable?
ANSWER: You could certainly propose that and just indicate that it is not federally approved yet. We may ask for more information.

QUESTION: In regards to the physician director, if we have three sites, are we required to have one physician director over the whole program or can we have the three, one at each site?
ANSWER: You could have three, one at each site.

QUESTION: Could you define what one administrative medical structure means?
ANSWER: It means that there is a central organization and oversight to the program.

QUESTION: Related to that, there is a question number 16 on Amendment 2. And that question stated something to the fact that all of their physicians were credentialed at one hospital, and the answer was that was not sufficient. Could you explain what not sufficient means?
ANSWER: Well, as we read the question, we were thinking that the person just said it is sufficient to be a member of the medical staff of a hospital, period.

QUESTION: Oh. So what you mean is there has to be more in place than that, such as a structure of a committee empowering the cancer program?
ANSWER: Correct. We were not sure if that question meant under the organized medical staff or just generally the hospital. That is how we interpreted it.

QUESTION: I have a related question related to medical staff for the cancer program. This specifically relates to medical staff credentialing. Could you clarify the specifics of what the intent of that is? For instance, board certification, demonstrated volume of practice related to certain areas of practice.
ANSWER: This again is one of the end requirements, deliverables at the end of the pilot. And we really wanted the institution to determine their own criteria, just so that they had given thought to what are the components. So certainly the ones you mentioned are fairly standard and typical, but we are not going to be prescribing what those components should include.

QUESTION: Can I ask one more question on the central organization and oversight. Central organization and oversight, does that mean the director of this project has some oversight over all components -- medical, surgical, radiation? Is that what central organization and oversight means?
ANSWER: Well, it is two things. One is who is overseeing this contract. And I assume that you are asking the question about the medical director having oversight. And what we are really looking to see is that there is a coordinated effort with all of the components, with one person in charge of all the coordination. And we recognize that it happens in a lot of different ways and structures and models. But it will be important for us to know that there is good coordination and oversight of the care that is delivered. So that all the pieces are working together towards this integrated model that we are hoping to see advanced through this pilot.

QUESTION: Administrative control, then, it does not require a formal contract or employment status, but can be done by a letter of intent with one of these other components, like medical, radiation or surgical oncology?
ANSWER: Are you speaking from a system or are you speaking from --
QUESTION: An individual cancer center.
ANSWER: An individual cancer center. There are all different arrangements. I think we would want, and we have asked in the information request, that you provide supporting information so that we know it is a relationship that can be sustained over the length of the pilot. So it needs to be a real ongoing relationship, however that is structured within your organization. Not just an individual who, for example, admits patients to the hospital, tied to the efforts of the cancer program, and you would have to provide information to support that in the response.

QUESTION: On page 14, Section D of the RFP, you are discussing packaging and marking. And you note that all deliverables have to be marked with the subcontract number and subcontractor name. Clearly, that will be after you award subcontracts. But at this point for the proposal that we will submit, do we have to mark every page with some sort of identifier?
ANSWER: In the response to Amendment 2, there was a series of questions regarding the format of the response. Question 23 specifically is one of them, 17, all have the same response. I would refer you to that. It gives some basic guidelines on how to respond. But, yes, every page should be numbered.

QUESTION: The principal investigator and physician director, can they be the same person?
ANSWER: They can, but they do not have to be.

QUESTION: I had a question about the proposed and developing site. That really only applies to the national health systems, is that not true?

ANSWER: Yes, that is right. Everyone else has to meet the baseline at first. But national health systems, there is kind of a definition of what we are looking for there. And they would be able to have one lead site. Well, first of all, they have to have sufficient expertise in cancer centers to have at least three within their systems that meets the baseline. And then they would select one of those baseline meeting sites to be a lead site. And then they could have up to three developmental sites that they would make their one pilot site, with everything aggregated in dealing with SAIC-Frederick through one point of contact to the system. So it would be one pilot site.

QUESTION: But for everybody else, we can just write "not applicable," correct?
ANSWER: And then of course the goal by the end of the pilot would be that those developmental sites will have achieved the baseline, as well as having achieved all of the required components of the pilot.
QUESTION: For the health system specifically?
ANSWER: The health system specifically.
QUESTION: But for everybody else, we can just mark that section "not applicable"?
ANSWER: Correct.

QUESTION: This is in regards to question 25 and 26. We are applying as a national health system with three different sites who then meet the baseline, and one which is a hub of three rural sites that will we think as part of the RFP. In question 26, the response that you gave in terms of how to format the technical proposal raises a question. You asked that we include one single Section 1 and one single Section 2. But with the page limit there described, it is going to be a little difficult to describe the entire health system within Section 1 and Section 2 as listed in the RFP. Can you just clarify the number of pages for those sections if we are responding as a national health system?
ANSWER: Yes. I would say that you should use the page limit for each site.

QUESTION: In regards to distinct setting, can a program have most of the components -- medical, surgical, and radiation, oncology -- located in their major cancer center and then have the remaining components in another area?
ANSWER: That is just what the RFP says. We have also, in the information request, asked to have floor plans of your location and for you to indicate what services are in that location. Because the intent really is for most of the significant activities to be in one place.

QUESTION: Just for clarification, you want most of the components -- the medical, surgical and radiation components -- in one site, but some may be in other areas.
ANSWER: Yes.

QUESTION: Are we required to do new vendor registrations now prior to the submission of our application or after we are an awarded organization?
ANSWER: Yes, actually that is not relevant to this procurement.

QUESTION: I have a practical question. Can the appendices be placed in an easy access ring binder?
ANSWER: We would prefer not. Again, I would refer to you to the responses in Amendment 2 for formatting guidelines.

QUESTION: One other question. You mentioned the national health care systems can apply as systems. Can regional health care systems apply as well?
ANSWER: You have to read through the definition in the RFP.

QUESTION: Can I ask a question concerning geographic definition. What are you using as a definition of different geographic markets?
ANSWER: You are again asking about the national health system piece?
QUESTION: Actually, I was referring to the information on national health system models in multiple markets as you defined them in your introduction instructions.
ANSWER: We had wanted there to be completely different markets as part of this model, not multiple cancer centers in the same market, as part of a health system application.

QUESTION: I need a little further clarification on that. So if you have one cancer center that serves multiple markets, meaning different counties or different regions of the same State, is that acceptable?
ANSWER: That is what a lot of cancer centers do, is serve multiple markets. I think the geographic descriptor that was added on the health systems has to do with the fact that a system brings the ability for the pilot to get into various markets, as well as additional market locations. So one might be in an urban area. One of the other system's sites might be in a rural area. That they would be in different geographic areas and markets and settings.
QUESTION: So a system can be in multiple markets -- urban, rural -- and then the pilot would help to develop and increase the services in those markets?
ANSWER: In multiple and distinct markets, not all in one same market.
QUESTION: One more clarification. Is there a definition that you are using as a distinct market?
ANSWER: We are not really going beyond distinct market.

QUESTION: I was hoping that they would come back to a question that was asked earlier. I felt it wasn't clearly answered. It was regarding page 14 of the RFP, Section D, Packaging and Marking. Simply asked: For turning in our proposal to you, do we need to mark every single sheet of paper with the subcontract number and subcontractor name?
ANSWER: No, not in submitting your proposal.

QUESTION: We would like some further clarification on the distinction between a hospital-based cancer center and a regional health system cancer center that may be under one operating board with multiple hospitals, whether a regional multiple hospital system would be able to apply?
ANSWER: It is hard to give an answer not knowing more of the particulars. And we are not giving particular eligibility answers because there are so many factors that get involved in that. I think we would send you back to the RFP to read what you can out of it and see if you think you are eligible.
QUESTION: The RFP is very clear that they are looking for hospital-based cancer centers.
ANSWER: Yes.
QUESTION: And they are also allowing national health systems to apply. But there are health systems that have more than one hospital under one operating board that function as one hospital system but may be more than one hospital. Is that exclusionary?
ANSWER: You, as a potential site, need to determine which box you will fill, whether you want to propose that you would be a hospital-based cancer center or whether you would meet the criteria through health systems within this procurement. And if you believe you would qualify as a regional health system, then you would provide supporting information to justify that choice. But truly that is your choice, based on your site and whether you believe you meet the criteria for each.

QUESTION: On the first section of the RFP, Brief Description of the Medical Staff for the cancer center with names and cancer subspecialties, how in depth would you want this list to be? Do you want us to include surgeons, pathology, radiology, et cetera?
ANSWER: It is intended to be a brief descriptor on all of the physicians connected to your cancer programs. And in your response, you want to make sure that you respond to what has been requested. So however you think you can sufficiently meet those baseline criteria. It is intended to be active and ongoing participants, not just a list of names.

QUESTION: I was wondering, how will you define, or how will we confirm for you, the health disparities in a particular or a specific community? How will we confirm to you that we have these disparities?
ANSWER: Well, normally, hospitals have various ways of knowing that information about the demographics of their market, and generally provide that and their mix of community characteristics.

QUESTION: As long as there is central organization oversight, some of the medical services or surgical services can be provided by people who are not employees of the hospitals? They could be community surgeons who come in to do surgery, as long as there is some administrative structure under which they do that?
ANSWER: I think that it is probably more than what you just described. But we understand that the employment model does not work in many cases or in all cases. But it is the intent that the core medical care is provided within the cancer program and the active participation and involvement of the medical staff. It would not be just that they perform surgery in the hospital.

QUESTION: But as long as there is an administrative structure, where they would be on committees, for example, and reviewing cases, things like that, without necessarily being employees of the hospital?
ANSWER: Employees of the hospital is not a requirement. It is that there is an integral and ongoing connection. And I think you would probably have to describe in more detail than you just did the extent to which these physicians are integrally involved and committed to your program in an ongoing and formalized way.

QUESTION: With regard to submitting this proposal, is this electronically submitted or is it going to be hard copy?
ANSWER: Hard copy.

QUESTION: I have a question related to disparity. You indicate a significant disparity. Probably not, but is there any qualification for what "significant" means anywhere?
ANSWER: There is not. It is just that you would have to make a description for your particular circumstance. And there is a Web site for the National Cancer Institute linkage.
QUESTION: Yes, could you give us that Web site for those of us who do not have it?
ANSWER: It is Amendment 1, Question 2. It is listed with a link.

QUESTION: Another question as it relates to the surgeons, please. You indicated that there needs to be a formalized relationship. What does that specifically mean, "formalized"?
ANSWER: Active involvement with the cancer program.
QUESTION: To what extent? We have many surgeons who are involved actively with the cancer program. What are you looking for as far as the overall activity there?
ANSWER: The goal is for you, as a potential offeror, to determine whether the relationship meets the criteria as outlined in the RFP. To go any further into providing additional examples is truly outside of the purpose of this call.

MODERATOR: Moving on then to Item 6 on the agenda. I just wanted to provide some of the timelines to give you a sense of where we are in the overall project, where we will be going from here, and then we will wrap up.

As you know from your RFP, the proposals are due back to SAIC-Frederick by 2:00 p.m. on January 9th. A late proposal is a not received proposal and is ineligible for award. Again, there are very strict procedural protocols on this acquisition, and there is no deviation.

The next date is determination of the competitive range. That will be made, we estimate, late March 2007. The competitive range will be the offerors most likely to receive award. You will be notified by me whether you are inside or outside of the competitive range.

And then in late May of 2007 we estimate to make subcontract award. These dates are flexible and dependent on a lot of factors, but they give you at least a guideline or a timeframe that we are shooting for.

As I had mentioned before, the question and answer period is now closed. There are no more questions, written or otherwise. This concludes the teleconference.