



# Request for Proposal

## National Colorectal Cancer Roundtable

**80% by 2018 National Colorectal Cancer Screening Campaign:  
Qualitative Report of Activities, Successes, and Lessons Learned**

**Request for Proposal Date:** April 25, 2018

**Email Notification of Intent to Apply Due Date:** May 25, 2018

**Response Due Date:** June 1, 2018

# Table of Contents

<b>1.0</b>	<b><i>American Cancer Society Overview</i></b> .....	<b>3</b>
1.1	National Colorectal Cancer Roundtable Overview .....	3
<b>2.0</b>	<b><i>Overview</i></b> .....	<b>3</b>
<b>3.0</b>	<b><i>RFP Goals</i></b> .....	<b>4</b>
<b>4.0</b>	<b><i>Instructions/Process for RFP</i></b> .....	<b>5</b>
4.1	Questions Regarding the RFP .....	5
4.2	Response Due Date and Delivery .....	6
4.3	Response Costs .....	6
4.4	Confidentiality .....	6
4.5	Selection Process.....	6
4.6	Schedule of Events.....	6
<b>5.0</b>	<b><i>Proposal Deliverables</i></b> .....	<b>7</b>
5.1	Contractor Profile.....	7
5.2	Contractor References.....	8
5.3	Proposal Narrative.....	8
5.4	Project Timeline and Budget.....	10
5.5	Minimal Contract Requirements, if selected .....	10

# 1.0 American Cancer Society Overview

The American Cancer Society (ACS) is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from the disease. With more than two million staff and volunteers nationwide and 90 years of experience, ACS is one of the oldest and largest voluntary health agencies in the world.

Only ACS fights all cancers on all fronts: research, education, advocacy, and patient services. And only ACS has the organizational breadth, the grassroots volunteer capacity, and the wealth of public health experience necessary to dramatically improve the lives of millions of Americans facing cancer.

Cancer prevention is central to the mission and goals of ACS. As a community-based public health organization with local as well as national reach, ACS is uniquely positioned to address the goal of increasing cancer screening through numerous existing volunteer networks and partnerships. Its organizational structure enables staff and volunteers to disseminate, implement, and evaluate evidence-based strategies at the national, state, and local levels.

## 1.1 National Colorectal Cancer Roundtable Overview

The National Colorectal Cancer Roundtable (NCCRT), established by ACS and the Centers for Disease Control and Prevention (CDC) in 1997, is a national coalition of more than 100 membership organizations, including public organizations, private organizations, voluntary organizations, and invited individuals, dedicated to reducing the incidence of and mortality from colorectal cancer (CRC) in the U.S., through coordinated leadership, strategic planning, and advocacy.

The ultimate goal of NCCRT is to increase the use of recommended CRC screening tests among the entire population for whom screening is appropriate. As part of this mission, the NCCRT has launched the 80% by 2018 initiative, which aims to engage partners and the public in reaching an 80% CRC screening rate by 2018. Over 1600 organizations – including health plans, medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, and many others – have signed a pledge to make this goal a priority. Learn more about NCCRT and the 80% by 2018 initiative at <http://nccrt.org>.

## 2.0 Overview

Colorectal cancer is the second most commonly diagnosed cancer and the second most common cause of cancer-related death in the United States when men and women are combined. In 2018, an estimated 140,250 new cases of CRC will be diagnosed and an estimated 50,630 deaths will occur due to CRC.

The real tragedy is that many CRC cases and deaths could be prevented if more people were offered and took advantage of CRC screening. CRC screening not only detects cancer early, endoscopic screening approaches can prevent the cancer through the detection and removal of precancerous polyps. For those at average risk, it is important that screening begin at age 50 using one of the evidence-based

screening tests available (e.g., fecal occult blood testing, fecal immunochemical test, stool DNA test, sigmoidoscopy, CT colonography, or colonoscopy). Despite the availability of these life-saving screening tests, about one in three adults between 50 and 75 years old – about 23 million people – are not getting screened as recommended.

In 2013, the member organizations of the NCCRT were challenged by then Assistant Secretary for Health Dr. Howard Koh to develop a bold and audacious goal to advance colorectal cancer screening. The Centers for Disease Control and Prevention (CDC) already had an 80% goal for its Colorectal Cancer Control Program. Massachusetts, the first state to have health reform, was already at 76%, and many health systems, such as the Veterans Health Administration, had a CRC screening rate over 80%. The members of the NCCRT were ready to embrace an ambitious goal that would bring health equity and accelerate the use of life-saving screening exams, thus the 80% by 2018 goal was proposed. While ambitious, the effort is meant to be inclusive of all partners, no matter their starting point. The 80% by 2018 goal was presented to NCCRT members in November of 2013 and officially launched in March of 2014. Since then, over 1600 organizations – including health plans, medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, and many others – have signed a pledge to make this goal a priority.

Along the way, those involved with the 80% by 2018 campaign have planned and implemented a variety of activities, experienced notable successes, and learned valuable lessons from both found and missed opportunities. The NCCRT has previously commissioned academic evaluations, market research, and other informal surveys to better understand, report on, and improve its work; however, as the 80% by 2018 campaign transitions to 2019 and beyond, these data and stories have yet to be packaged and delivered to a wider public health and lay audience. As such, the NCCRT is committed to producing an accessible, qualitative report to better share the history, key milestones, strategic action steps, and overall progress of the 80% by 2018 CRC screening campaign.

To guide the work, a new Qualitative Progress Report Advisory Group comprised of members from the NCCRT Evaluation and Measurement Task Group, NCCRT Public Awareness and Social Media Task Group, and other NCCRT leadership and ACS staff will be formed. Advisory group members are well-informed on the campaign's history, strategic objectives, and progress as well as demonstrating expertise in areas of evaluation, marketing, and communications.

### 3.0 RFP Goals

The American Cancer Society, on behalf of NCCRT, seeks to commission a contractor via a competitive bid process to develop and produce a qualitative report that readily articulates the history and successes of the 80% by 2018 effort. The report should be informed by NCCRT historical documents, the 80% by 2018 strategic plan and logic model, and content from existing transcripts of interviews with stakeholders, though the NCCRT is open to other ideas to inform the content. The final project deliverable should be an accessible report for partner use that highlights the successes and lessons learned from the 80% by 2018 effort to include such items as graphics, trends, case studies, pictures, quotations from partners, and future directions. This report will complement other summative analyses of the 80% by 2018 effort, including an academic manuscript, currently underway. Ultimately, this

qualitative report is intended to tell the story of the 80% by 2018 effort in a public-oriented, concise, and engaging summary that will be accessible to the lay public, the press, NCCRT members, 80% by 2018 pledge partners, and other stakeholders.

Objectives for this report are that it will:

- Serve as a first of its kind, public-facing report to share the campaign history, successes, lessons learned, and future directions;
- Provide accessible and visual representation of key indicators, campaign reach and progress;
- Present case studies of influential partnerships and activities with spotlights on members and their personal reflections of 80% by 2018;
- Provide a captivating historical look at key milestones and accomplishments through the initiative;
- Reflect on the lessons learned from the campaign; and,
- Suggest concrete steps for future areas of focus and strategic planning.

Specific tasks for this work will include, but are not limited to: reviewing existing materials; determining additional report needs; (interviewing additional key stakeholders if needed); drafting an outline; drafting report and presenting lay out; conducting cycles of review and input with NCCRT Advisory Group and other key leaders; and preparing an evaluation plan. The selected contractor will then compile this information into a finalized, public-facing report and corresponding power point presentation. While NCCRT staff have a sense of what is needed in the report, we look forward to the creativity, skills, and expertise the selected contractor will infuse into our vision.

Optional Scope of Work: Those offering proposals are encouraged to present a proposal to deliver a short, supplemental video report that corresponds with the work. We are open to creative suggestion for this optional deliverable, but would expect a similar historical look 80% by 2018 milestones, accomplishments, and progress including interviews from key NCCRT members and partner organizations. The expectation of the NCCRT is that this form of visual storytelling will supplement the report and be made available for sharing and distributions from external partners (or those more organizations more generally interested in increasing CRC screening rates).

## 4.0 Instructions/Process for RFP

### 4.1 Questions Regarding the RFP

If you have questions pertaining to this RFP, please email NCCRT Program Manager, Caleb Levell ([caleb.levell@cancer.org](mailto:caleb.levell@cancer.org)) by May 25, 2018. Be sure to include relevant contact information, and specifically reference the section(s) of the RFP in question. All questions must be in writing. Questions and answers may be given to all applicants to avoid any unfair advantage. These guidelines for communications have been established to ensure a fair and equitable evaluation process for all respondents. Any attempt to bypass the above lines of communication may be perceived as establishing an unfair or biased process and could lead to your disqualification as a potential contractor.

## 4.2 Response Due Date and Delivery

Please submit a letter of intent by May 25, 2018 and an electronic copy of your proposal by June 1, 2018 to Caleb Levell (caleb.levell@cancer.org) via email.

## 4.3 Response Costs

All costs associated with the preparation of a Proposal shall be borne by the applicant.

## 4.4 Confidentiality

This RFP and any information supplied in connection with the preparation of a Proposal is confidential and must not be disclosed, reproduced, or used in any way, except for the sole purpose of responding to this RFP.

## 4.5 Selection Process

A proposal review team, which includes representation from the above mentioned advisory group, will evaluate each proposal based upon how it satisfies ACS and NCCRT requirements. While the evaluation methodology is confidential, at a high level, the major areas of consideration are:

- Familiarity and experience developing qualitative research, summative reports, and marketing materials;
- Familiarity with the issues surrounding CRC screening, coalition work, and public health;
- Delivery of a strong and realistic project plan following the specifications in the RFP;
- Ability to meet the proposed deadline;
- Ability to translate information gathered and lessons learned into a compelling and accessible narrative;
- Strong references and product samples;
- Experience with conducting and analyzing qualitative interviews;
- Quality assurance commitment and high performance standards;
- Willingness to work closely and receive input from NCCRT and Advisory Group members, while also exercising independent judgment and creative thinking;
- Strong analytical, written, and oral communication skills;
- Budget and fee proposal.

While cost is always an important decision factor, previous expertise, quality, level of service, ability to meet deadlines and operating efficiencies are also important and are critical aspects that will be examined by ACS and NCCRT. Please be sure to include all essential data in the proposal to ensure ACS and NCCRT have a full and complete understanding of your (the Contractor) capabilities and experience. See Section 5.4 for information about the budget.

## 4.6 Schedule of Events

Please observe the following schedule:

- RFP Issue Date: April 25, 2018
- Bidders Indicate Intention to Respond: May 25, 2018
- Proposal Due Date: June 1, 2018 (5:00 p.m. EST)
- Contractor Selected: June 6, 2018
- Kick off Call: June 8, 2018 (approximately)
- Target Project Start Date: June 11, 2018
- Project Completion Date: September 30, 2018

## 5.0 Proposal Deliverables

The proposal must follow the structure outlined in this section, using the numbering of sections specified. The proposal text for each section should begin by repeating the section question or statement followed by your response. In cases where the question/statement for a section does not apply, or you are unable to respond, reference the question, and then follow with a response of "N/A" (Not Applicable), including a brief explanation of the reason for not responding. Applicant may add items not listed within this section by placing them at the end of the proposal.

### 5.1 Contractor Profile

- 5.1.1 Company Name:
- 5.1.2 Mailing Address:
- 5.1.3 Street Address:
- 5.1.4 Tax Payer ID:
- 5.1.5 Dun & Bradstreet Number (DUNS):
- 5.1.6 Key Contact (Name, Title, Phone, Fax, and E-Mail):
- 5.1.7 If a Corporation, answer the following:
  - 5.1.7.1 Date of Incorporation:
  - 5.1.7.2 State of Incorporation:
  - 5.1.7.3 President's Name:
- 5.1.8 If a Partnership, provide the names of the principals.
- 5.1.9 Minority business status, if applicable.
- 5.1.10 What is the name of your organization's parent company?
- 5.1.11 Provide the location(s) of your corporate facilities.
- 5.1.12 Has your firm filed for bankruptcy within the past five years? If yes, provide details.
- 5.1.13 List any services or products that you have provided to the American Cancer Society in the past 5 years.
- 5.1.14 List your top 5 major clients, including not-for-profit clients, for whom you have performed similar work (i.e. work related to colorectal cancer, cancer screening, cancer prevention and early detection, public health, marketing, communications, storytelling).

5.1.15 Number of paid employees.

5.1.16 Please provide copies of your financial reports for the past three years.

## 5.2 Contractor References

Please list three references for similar projects performing similar requirements. Please include not-for-profit organizations, if any.

If possible, please share sample projects you have created for other clients, ideally plans around disease awareness campaigns, that would help illustrate your qualifications for this project.

## 5.3 Proposal Narrative

5.3.1 **Previous Experience** – please describe contractor experience in the following areas: colorectal cancer, cancer screening, cancer prevention and early detection, public health, graphic design, and/or marketing and communications.

5.3.2 **Proposed Project Design and Implementation** - This is the narrative of how you plan to satisfy the RFP Goals (listed in Section 3.0 and critical questions listed below). Narrative should not exceed 5 pages, single spaced, 1 inch margins, 11 Arial font. Discussion about the project plan should include the following areas:

- A review of comparable marketing materials, progress reports, and success story publications;
- Plan for compilation of existing data, materials, and previously conducted interviews, most of which will be provide by NCCRT staff.
- Description of the current landscape: Best practices in content delivery, digital storytelling, and data visualization. Demonstration of a broad understanding of accessibility and content sharing across various social media and methods that balance knowledge sharing with attention toward design and narrative.
- Demonstration of familiarity with the [80% by 2018 effort](#).
- Early reflection on how to highlight and incorporate the following 80% by 2018 successes, such as:
  - a) Identification of key partnerships ([NCCRT members](#) and [80% pledgers](#));
  - b) Overview of milestones;
  - c) Breadth of effort;
  - d) Significant [data progress, trends, or other valuable measures](#);
  - e) Case studies of high achievers, such as [80% by 2018 National Achievement award winners](#);
  - f) Incorporation of [80% by 2018 Hall of Fame](#) highlights;

- g) Significant member and partners contributions, reflections, and quotes, including executive leaders, pledge partners, critical staff, etc.;
  - h) Contributions to larger public health strategies and increased opportunity of awareness related to CRC screening; and
  - i) Identification of lessons learned and future activities
1. **Appendix:** Shareable infographics and other data designs, member spotlights, and companion materials (photos, videos, messaging, etc.)

- The project plan should include creating all relevant materials, such as delivery of final, professionally formatted report, corresponding PowerPoint and optional video.
- The contractor should plan on participating on an initial kick-off call with NCCRT staff and the advisory group, many of whom are experts in the field and propose a regular call schedule to review progress with staff or advisory group at important check-in points.
- The project plan should include allowance for NCCRT staff and Advisory Group review, feedback, and revision to ensure support and consensus. Several revisions of the work can be expected.
- Examples of comparable progress reports
- **Optional Video Report Deliverable:** For those submitting a plan and budget for the short supplemental video report (less than 5 minutes), briefly describe the development process and potential content pieces for this video. Note that existing footage exists, though select additional interviews may be needed. Please detail any additional time needed for additional interviews, narrative, graphics, and editing. Finally, include a statement on how this video report will complement the written qualitative report.

5.3.3 Critical questions to be answered during the course of the project include the following:

- Which successes of this public health campaign are important to those who are existing partners, needing to demonstrate progress and the value of their involvement to boards and funders?
- Which successes of this public health campaign are appealing to partners such as media professionals, legislators, and other cancer control advocates?
- What notable milestones from the 80% by 20218 effort are worth including? Which could be replicated for other public health campaigns?
- What case studies resonate with a broad audience?
- What data will help tell the story of our successes and how should it be presented?
- What future directions should be highlighted, as the NCCRT and partners look to 2019 and beyond?
- What lessons learned should be highlighted?

5.3.4 **Project Deliverables** - At the conclusion of the project, the contractor will deliver:

- A review of comparable marketing materials, progress reports, and success story publications;
- Transcripts of any additional interviews conducted (if needed);
- An executive summary of key findings;
- A finalized report, including such features as, narrative, notable milestones, case studies, lessons learned, graphics photos, quotes, and presentation of data from national data sets;
- A PowerPoint Presentation, including overall findings, verbatim quotations, and future directions; and,
- A report evaluation plan.

## 5.4 Project Timeline and Budget

The target start date for the project is June 11, 2018. The final report and documentation should be completed by September 29, 2018.

The proposal should include a timeline that clearly indicates when major tasks and activities will be accomplished. The proposal should provide a summary of the costs and fees to complete each section referenced in **5.3. Project Deliverables and Expectations** as presented in the project plan. The timeline should allow for feedback from relevant NCCRT representatives and the associated advisory group.

The estimated budget should include personnel and administrative costs. The contractor should provide a detailed proposed budget, including estimated hourly labor costs, estimated hours, and a brief description of what will be accomplished monthly. Please note that all anticipated fees and expenses for delivery of the project should be included; materials, shipping costs, etc. The project plan will be viewed more favorably if it includes submission of high and low estimates for deliverables around each section of the plan. If making a bid that includes the optional video report deliverable, provide these budget expectations apart from the costs of the written report.

## 5.5 Minimal Contract Requirements, if selected

**5.5.1 Tobacco-related affiliation:** ACS defines a "Tobacco Company" as any company that manufactures tobacco products and is commonly considered to be part of the tobacco industry, including subsidiaries and parent companies, as well as philanthropic foundations and other organizations closely linked with the tobacco industry

**Contractor must answer the following questions:**

5.5.1.1 Do you own 5% or more of a Tobacco Company?

5.5.1.2 Are you 5% or more owned by a Tobacco Company?

5.5.1.3 Are any of your clients Tobacco Companies?

5.5.1.4 If so, how many and what percentage of your revenues are derived from those clients?

5.5.1.5 Will you and your employees adhere to ACS's no smoking policy when on ACS premises?

### 5.5.2 **Conflict of Interest:**

Contractor must answer the following:

5.5.2.1 Are any of your employees, officers or majority owners employed by, or national volunteers of, the American Cancer Society, Inc. (a national volunteer is defined as being a member of the ACS national Board)?

5.5.2.2 Are you able to state that your company will not enter into a contract or agreement, or execute a document, which will create a conflict of interest or which will prevent you from freely performing for ACS?

5.5.3 **Intellectual Property/Data:** The Contractor must include in its proposal a statement acknowledging its understanding that the proposed scope of work will be deemed “work for hire” and the American Cancer Society will retain ownership of all deliverables and intellectual property, and further that the American Cancer Society and NCCRT are entitled to utilize and publicly disseminate aggregate outcome data collected and/or reported by Contractor in connection with this project.

## 5.5.4 Federal Funding Requirements

This project is being funded by Cooperative Agreement Grant No. 6NU38DP004969-05, CFDA #93.283 from the Centers for Disease Control and Prevention. Under this terms of this funding, the following requirements apply:

5.6.1 **Prohibited Activities.** Contractor must acknowledge that the following activities are prohibited by the CDC.

(a) Lobbying. Contractor’s Services shall not include participation or intervention in any political campaign on behalf of or in opposition to any candidate for public office or attempts to influence legislation within the meaning of Section 501(c)(3) of the Internal Revenue Code.

(b) Research. No “Research” as defined in 45 CFR 46.102(d) is contemplated or permitted under this Agreement. Contractor will cooperate with ACS to request a non-research determination from an IRB, if ACS deems appropriate.

(c) Clinical Care. Contractor’s Services may not include clinical care.

- 5.6.2 **Billing.** The CDC places restrictions on how federally funded services can be billed under the contract. No prepayments for Services are allowable and fees must be subject to a maximum approved amount. The fee structure in the contract must either be:
- (1) time plus expenses, billed on reimbursement basis after hours are worked and expenses incurred; OR
  - (2) flat fees by deliverable, billed upon completion of applicable deliverable plus travel expenses, billed on reimbursement basis after expenses are incurred.
- Contractor must specify preferred billing structure.
- 5.6.3 **Performance Period.** All services must be performed within the period of: **January 1, 2018 – September 29, 2018** .Contractor must acknowledge that all services must be performed during the Performance Period and no services performed before or after that period will be paid.
- 5.6.4 **EPLS Screening.** If selected, Contractor must provide the legal names of all individuals involved in the project, to enable ACS to conduct an Excluded Parties List System (EPLS) screening on each person supported under this federally funded project. Any individual that does not pass the screening, is not permitted to work on this project.
- 5.6.5 **Federal Funding Compliance Language:**

In addition to the minimum contract requirements set forth in Section 5.5 above, the Contractor must acknowledge its' understanding that this project will be funded by CDC and that any resulting contract between ACS and Contractor must contain the following compliance provisions:

Federal Funding Requirements.

(a) Compliance with Requirements of Primary Funding. ACS will utilize funds from Cooperative Agreement Grant No. U38DP004969-05, CFDA #93.283 (the "Cooperative Agreement") from the Centers for Disease Control and Prevention (the "CDC") to pay for the goods and/or Services provided under the Agreement in whole or in part. This Section incorporates the procurement provisions required to be included in federally funded contracts, including small purchases, awarded by ACS pursuant to the Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as adopted by HHS in 2 CFR Part 300 and implemented in 45 CFR Part 75 ("OMB Uniform Guidance").

(b) Compliance with Laws and Regulations. Contractor agrees to comply with all laws and regulations applicable to the performance of Services under the Agreement, including the applicable provisions of Appendix II to Part 200 of the Uniform Guidance. Contractor further

agrees during the course of performing the Agreement to comply with the applicable Federal cost principles as set forth in the Uniform Guidance all of which are hereby incorporated by reference.

(c) Debarment and Suspension. Contractor hereby certifies that it has not been debarred, suspended or otherwise excluded from conducting business with the United States Federal Government or participating in Federal assistance programs or activities.

(d) Conferences; Publications. Contractor shall follow all instructions from ACS regarding acknowledgements of funding and/or disclaimers required by the CDC to be included in conference materials, promotional materials, publications, journal articles, etc. produced under the Cooperative Agreement.

(e) Information and Records. Pursuant to 2 C.F.R. §200.318 of the Uniform Guidance, ACS is required to maintain oversight of contractors under a grant from the Federal Government. Contractor agrees to maintain and make available to ACS or government officials all records pertaining to the goods or services provided under the Agreement for at least three (3) years from the date that ACS makes final payment to Contractor. Contractor agrees to provide such information as is reasonably requested by ACS to monitor the activity supported by a grant from the Federal Government.

(f) Reporting. Contractor will submit interim and final performance reports from time to time as requested by ACS. ACS will provide timely notice of when any such performance reports are due. Performance reports shall reference the appropriate federal grant number, which shall be provided to Contractor by ACS, and shall contain a summary of the Services provided by Contractor at such date, and if any Services have not been completed in a timely manner, an explanation of why such Services have not been provided.

(g) Timely Invoicing. Contractor understands that ACS must follow the grant closeout procedures set forth in 2 C.F.R. §200.343 of the Uniform Guidance. Contractor will timely submit all invoices required under the Agreement and agrees that ACS has no obligation to pay invoices submitted more than 30 days after services are rendered or goods are provided by Contractor.

(h) Refund of Unallowable Funds. Contractor agrees to refund any sum of money which a Federal Government auditor or grant official determines to be an unallowable, unallocable, or unreasonable cost under the applicable cost principles, or ineligible due to Contractor's noncompliance with applicable laws, regulations or requirements. Notwithstanding any other provision of the Agreement, payment to Contractor does not affect ACS's right to recover funds on the basis of a later audit or other review, nor does it affect Contractor's obligation to return any funds due as a result of later disallowances.

(i) Employee Whistleblower Rights and Requirement To Inform Employees of Whistleblower Rights. This Agreement and employees working on this Agreement will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L.112-239) and FAR 3.908. Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation. Contractor shall insert the substance of this clause, including this paragraph, in all subcontracts over the simplified acquisition threshold.