

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE 1 OF 2 PAGES		
2. AMENDMENT/MODIFICATION NO. 00001		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO. 00HCVG1A-2021-53398		5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004		CODE 8219		7. ADMINISTERED BY (If other than Item 6)		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764				(✓)		9A. AMENDMENT OF SOLICITATION NO.	
				(✓)		9B. DATED (See Item 11)	
				X		10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104	
				X		10B. DATED (See Item 13) 09/28/2020	
CODE 148054088		FACILITY CODE					

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ___ is extended, ___ is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning ___ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Section B

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(✓)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
(✓)	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.217-9 Option to Extend the Term of the Contract (Mar 2000)
(✓)	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See page 2 for modification details

COR: Cynthia Jorgensen Email: cxj4@cdc.gov Phone: 404.718.8534	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS POC: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Joe Danek, CFO		16A. NAME OF CONTRACTING OFFICER Sheena Delaine	
15B. CONTRACTOR/OFFEROR (b)(6) to sign	15C. DATE SIGNED 2-23-21	16B. UNITED STATES OF AMERICA BY <u>Sheena Delaine</u> (Signature of Contracting Officer)	16C. DATE SIGNED 2/24/2021

The purpose of this modification is to:

1. Exercise optional task 9, CLIN 0003 to support the outbreak response.
2. Obligate funds in the amount of (b)(4) on CLIN 0003.
3. The total contract amount is increased by \$764,935.23 from \$49,870,466.09 to \$50,635,401.32.
4. As a result of this modification, the optional task is being exercised and CLIN 0003 is being increased by (b)(6)
5. All other terms and conditions remains unchanged and in full force effect.

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
0003	<p>Outbreak Response</p> <p>Optional Task 9: NCIRD is seeking assistance in creating strategic communications efforts that will result in behavior changes to stop disease transmission and curb the outbreak. This task will support HHS' campaign development and message testing, creative development, media outreach, and other communications activities related to outbreak response. The level of effort for this task is proportional to the overall budget for this effort and scaled at 20% (medium) defined as 12 states and no more than a 6 month duration.</p> <p>This is a Severable Line Item, Time & Materials Line Item</p> <p>Period of performance: 09/28/2020 – 09/27/2021</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting:</p> <p>9390EX4 2512 2021 75-2024-0943</p> <p>C323111101 (b)(4)</p> <p>9390GLZ 2512 2021 75-2124-0943</p> <p>C5B8111101 (b)(4)</p>			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE 1 OF 3 PAGES
2. AMENDMENT/MODIFICATION NO. 00002	3. EFFECTIVE DATE 09/28/2021	4. REQUISITION/PURCHASE REQ. NO. 00HCVG15-2021-58804	5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004	CODE 8219	7. ADMINISTERED BY (If other than Item 6) CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764		(✓) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (See Item 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104 X 10B. DATED (See Item 13) 09/28/2020		
CODE 148054088	FACILITY CODE			

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(a) By completing Items 8 and 15, and returning ___ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Section B

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(✓)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to Extend the Term of the Contract (Mar 2000)

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return ___ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See Page 2 for modification details

COR: Cynthia Jorgensen Email: cxj4@cdc.gov Phone: 770.488.2974	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME OF CONTRACTING OFFICER Stephen Lester	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u>S. Lester</u> (Signature of Contracting Officer)	16C. DATE SIGNED 7/7/2021

The purpose of this modification is to:

- 1) Exercises Option Period 1 – September 28, 2021 through September 27, 2022.
- 2) Contract line item 1001 is exercised and hereby incorporated as part of this contract.
- 3) Fund CLIN 1001 in the amount of (b)(4)
- 4) The total funded amount is increased by \$8,275,190.60 from \$9,132,630.60 to \$17,407,821.20.
- 5) Incorporate the payment milestone schedule for option period 1.
- 6) As a result of this modification, option period 1 is being exercised and the total funded amount is being increased by \$8,275,190.60 and the payment milestone schedule is being incorporated.
- 7) All other terms and conditions remains unchanged and in full force effect.

Option 1 Year 2 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
1001	<p>NCIRD Health Communications and Strategy</p> <p>Support for Tasks 1 through 8</p> <p>Period of Performance: 09/28/2021 – 09/27/2022</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting:</p> <p>9390BT0 2512 2021 75-75-X-0512-0</p> <p>2004111101 (b)(4)</p> <p>9390BU9 2512 2021 75-X-0951</p> <p>H008D11101 (b)(4)</p> <p>9390GZ9 2512 2021 75-21-0951</p> <p>5612611101 (b)(4)</p> <p>9391701 2512 2021 75-21-0951</p> <p>5612311101 (b)(4)</p> <p>939ZFWP 2512 2021 75-21-0951</p> <p>5612411101 (b)(4)</p> <p>939ZMLF 2512 2021 75-21-0951</p> <p>5612311101 (b)(4)</p> <p>939ZVDW 2512 2021 75-21-0951</p> <p>5612411101 (b)(4)</p>			

XI. Schedule of Milestones for Performance-Based Payments

In accordance with **FAR 52.232.32, Performance Based Payments (April 2012)**, upon successful completion of an event, the contractor may request performance based payments. The determination of eligibility for receipt of payment will be made by the Contracting Officer upon written certification from the COR that the performance milestone has been met. It is anticipated that each milestone payment will approximate the estimated timeline listed below but variation is anticipated and eligibility for payment could occur sooner or later depending upon the time of completion of the designated milestone. Milestone payments are subject to the terms of FAR 52.232-32 incorporated in Section I of this contract.

(Option Year 1 Period of Performance 09/29/2021 – 09/28/2022)

APPLIES TO CLIN 1001 ONLY

Deliverable	Percentage	Dollar Amount
Communication Plan		
Digital media activity report		
Digital media plans		
Dissemination Plans		
Graphic elements		
HCP outreach activity report		
HCP outreach plans		
Media outreach activity report		
Media outreach plans		
Partnership activity report		
Partnership plans		
Planned activity list		
Product Development Plan		
Audience research activity Report		
Research methods and instruments list		
Research Plan		
Social media content and graphics activity		
Social media listening activity report		
Social media metrics & analytics		
Social media recommendations		
Social media strategic plans		
Staff recruitment plan		
Usability reports		
Usability research plans		
Web-based application development plans		
Web-based application progress report		
Web-based application testing report		
Webinar plans		
Webinar report		
Website recommendations		
Website re-design report		
Completion of Option Period 1		
Total	100%	\$8,275,190.60

(b)(4)

This Payment Milestone Schedule is only for Option period 1 only. The remaining (b)(4) will be delivered upon completion of option period 1

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE 1 OF 2 PAGES
2. AMENDMENT/MODIFICATION NO. 00003	3. EFFECTIVE DATE 09/28/2021	4. REQUISITION/PURCHASE REQ. NO. 00HCVG15-2021-59552	5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004	CODE 8219	7. ADMINISTERED BY (If other than Item 6) CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764		(√)	9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (See Item 11)	
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104	
			10B. DATED (See Item 13) 09/28/2020	
CODE 148054088	FACILITY CODE			

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(a) By completing Items 8 and 15, and returning ___ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Section B

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

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X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.217-9 Option to Extend the Term of the Contract (Mar 2000)
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See Page 2 for modification details

COR: Cynthia Jorgensen Email: cj4@cdc.gov Phone: 770.488.2974	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Joe Danek, CFO Americas		16A. NAME OF CONTRACTING OFFICER Stephen Lester	
15B. CONTRACTOR/OFFEROR (b)(6)	15C. DATE SIGNED 08-30-21	16B. UNITED STATES OF AMERICA BY <u>S. Lester</u> (Signature of Contracting Officer)	16C. DATE SIGNED 8/31/2021

The purpose of this modification is to:

- 1) Change CLIN 1003 from Low Option to High Option;
- 2) Increase the contract amount of CLIN 1003 by (b)(4) to \$3,058,266.03;
- 3) Exercise and fully fund CLIN 1003 in the amount of (b)(4) and
- 4) Increase the total funded amount of the contract by \$3,058,266.03 from \$17,407,821.20 to \$20,466,087.23.
- 5) All other terms and conditions remains unchanged and in full force effect.

Option 1 Year 2 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
1003	<p>Outbreak Response</p> <p>Optional Task for Outbreak Response and Emergency Communications</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2021 – 09/27/2022</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting:</p> <p>93905CG 2512 2021 75-X-0951 H008D11101 (b)(4)</p> <p>9390BU6 2512 2021 75-X-0951 H008D11101 (b)(4)</p> <p>9390BU7 2512 2021 75-X-0951 H008D11101 (b)(4)</p> <p>9390G75 2512 2021 75-X-0951 H008D11101 (b)(4)</p> <p>9390H3R 2512 2021 75-X-0140 C6B6311101 (b)(4)</p>			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE 1 OF 2 PAGES
2. AMENDMENT/MODIFICATION NO. 00004	3. EFFECTIVE DATE 09/17/2021	4. REQUISITION/PURCHASE REQ. NO. 00HCVG15-2021-60100	5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004	CODE 8219	7. ADMINISTERED BY (If other than Item 6) CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764		(√)	9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (See Item 11)	
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104	
CODE 148054088 FACILITY CODE			10B. DATED (See Item 13) 09/28/2020	

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12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Section B

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	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return ___ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

COR: Cynthia Jorgensen Email: cxj4@cdc.gov Phone: 404.718.8634	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME OF CONTRACTING OFFICER Stephen Lester	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY Stephen Lester -S Digitally signed by Stephen Lester -S Date: 2021.09.16 10:39:24 -04'00'	16C. DATE SIGNED

The purpose of this modification is to change the funding of CLIN 1003 as follows;

- 1 Decrease funding for CAN 9390BU6 in the amount of (b)(4)
- 2 Decrease funding for CAN 9390BU7 in the amount of (b)(4)
- 3 Decrease funding for CAN 9390G75 in the amount of (b)(4)
- 4 Fund CAN 939ZRVF in the amount of (b)(4)
- 5 Fund CAN 939ZMEE in the amount of (b)(4)
- 6 The total funded amount for CLIN 1003 remains (b)(4)
- 7 The total funded amount of the contract remains \$20,466.087.23; and
- 8 The total potential amount of the contract remains \$52,164,587.95;

SECTION B: SUPPLIES OR SERVICES AND PRICES/COSTS

Option 1 Year 2 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
1003	Outbreak Response Optional Task for Outbreak Response and Emergency Communications Optional Task 9 Period of Performance: 09/28/2021 – 09/27/2022 This is a Severable Line Item, Fixed Price Line Item	1 Job	(b)(4)	
	Line(s) Of Accounting: 9390BU6 2512 2021 75-X-0951 H008D11101 (b)(4) 9390BU7 2512 2021 75-X-0951 H008D11101 (b)(4) 9390G75 2512 2021 75-X-0951 H008D11101 (b)(4) 939ZMEE 2512 2021 75-21-0951 5612311101 (b)(4) 939ZRVF 2512 2021 75-21-0951 5612411101 (b)(4)			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE 1 OF 4 PAGES		
2. AMENDMENT/MODIFICATION NO. 00005		3. EFFECTIVE DATE 09/28/2022		4. REQUISITION/PURCHASE REQ. NO. 00HCVG15-2022-60444		5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004		CODE 8219		7. ADMINISTERED BY (If other than Item 6)		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764				(✓)			9A. AMENDMENT OF SOLICITATION NO.
							9B. DATED (See Item 11)
				X			10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104
							10B. DATED (See Item 13) 09/28/2020
CODE RXN6RGGRJD71		FACILITY CODE					

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	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to Extend the Term of the Contract (Mar 2000)

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return ___ copies to the issuing office.

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See Page 2 for modification details

COR: Cynthia Jorgensen Email: cj4@cdc.gov Phone: 770.488.2974	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME OF CONTRACTING OFFICER Sheena Delaine	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u>Sheena Delaine</u> (Signature of Contracting Officer)	16C. DATE SIGNED 5/6/2022

The purpose of this modification is to:

- 1) Exercises Option Period 2 – September 28, 2022 through September 27, 2023.
- 2) Contract line item 2001 is exercised and hereby incorporated as part of this contract.
- 3) Fund CLIN 2001 in the amount of \$8,275,190.60.
- 4) The total funded amount is increased by \$8,275,190.60 from \$20,466,087.23 to \$28,741,277.83.
- 5) Incorporate the payment milestone schedule for option period 2.
- 6) Incorporate HHSAR Clause 352.232-71 Electronic submission of payment requests Electronic Submission of Payment Requests.
- 7) All other terms and conditions remains unchanged and in full force effect.

Option 2 Year 3 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
2001	<p>Strategic Communications Support for Tasks 1 through 8 as identified in the Statement of Work entitled: "NCIRD Strategic Communications Support"</p> <p>Period of Performance: 09/28/2022– 09/27/2023</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting:</p> <p>93909PG 2512 2022 75-X-0951 H008D11101 (b)(4)</p> <p>9390BT0 2512 2022 75-75-X-0512-0 2004111101 (b)(4)</p> <p>9390JLP 2512 2022 75-X-0951 H008D11101 (b)(4)</p> <p>9391701 2512 2022 75-22-0951 5612311101 (b)(4)</p> <p>939ZVDW 2512 2022 75-22-0951 5612411101 (b)(4)</p>			

HHSAR 352.232-71 Electronic submission of payment requests

Electronic Submission of Payment Requests (FEB 2022)

(a) Definitions. As used in this clause—

(1) “Payment request” means a bill, voucher, invoice, or request for contract financing payment with associated supporting documentation. The payment request must comply with the requirements identified in FAR 32.905(b), “Content of Invoices” and the applicable Payment clause included in this contract.(b) Except as provided in paragraph (c) of this clause, the Contractor shall submit payment requests electronically using the Department of Treasury Invoice Processing Platform (IPP) or successor system. Information regarding IPP, including IPP Customer Support contact information, is available at www.ipp.gov or any successor site.

XI. Schedule of Milestones for Performance-Based Payments

In accordance with **FAR 52.232.32, Performance Based Payments (April 2012)**, upon successful completion of an event, the contractor may request performance based payments. The determination of eligibility for receipt of payment will be made by the Contracting Officer upon written certification from the COR that the performance milestone has been met. It is anticipated that each milestone payment will approximate the estimated timeline listed below but variation is anticipated and eligibility for payment could occur sooner or later depending upon the time of completion of the designated milestone. Milestone payments are subject to the terms of FAR 52.232-32 incorporated in Section I of this contract.

(Option Year 2 Period of Performance 09/28/2022 – 09/27/2023)

APPLIES TO CLIN 2001 ONLY

Deliverable	Percentage	Dollar Amount
Communication Plan	(b)(4)	
Digital media activity report		
Digital media plans		
Dissemination Plans		
Graphic elements		
HCP outreach activity report		
HCP outreach plans		
Media outreach activity report		
Media outreach plans		
Partnership activity report		
Partnership plans		
Planned activity list		
Product Development Plan		
Audience research activity Report		
Research methods and instruments list		
Research Plan		
Social media content and graphics activity		
Social media listening activity report		
Social media metrics & analytics		
Social media recommendations		
Social media strategic plans		
Staff recruitment plan		
Usability reports		
Usability research plans		
Web-based application development plans		
Web-based application progress report		

Web-based application testing report	(b)(4)	
Webinar plans		
Webinar report		
Website recommendations		
Website re-design report		
Completion of Option Period 2		
Total	100 %	\$8,275,190.60

This Payment Milestone Schedule is only for Option period 2 only. The remaining (b)(4) will be delivered upon completion of option period 2

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE 1 OF 2 PAGES
2. AMENDMENT/MODIFICATION NO. 00006	3. EFFECTIVE DATE 09/28/2022	4. REQUISITION/PURCHASE REQ. NO. 00HCVG1A-2022-69381	5. PROJECT NO. (If applicable)	
6. ISSUED BY Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004	CODE 8219	7. ADMINISTERED BY (If other than Item 6) CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CMGRP, INC. 909 3RD AVE FL 7 NEW YORK, NY 10022-4764		(√)	9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (See Item 11)	
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. 75D30120F08104	
			10B. DATED (See Item 13) 09/28/2020	
CODE RXN6RGGRJD71	FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ___ is extended, ___ is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning ___ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

9390K9L 2512 2022 75-X-0943 C6B8111101 Increase (b)(4)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(√)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to Extend the Term of the Contract (Mar 2000)

E. IMPORTANT: Contractor ☒ is not, ☐ is required to sign this document and return ___ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See Page 2 for modification details

COR: Cynthia Jorgensen Email: cj4@cdc.gov Phone: 770.488.2974	Ktr: Joe Danek Email: (b)(6) Phone: (b)(6)	OAS: Sheena Delaine Email: kpz5@cdc.gov Phone: 770.488.2974
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Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME OF CONTRACTING OFFICER Sheena Delaine	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <u>Sheena Delaine</u> (Signature of Contracting Officer)	16C. DATE SIGNED 8/4/2022

The purpose of this modification is to:

- 1) Change CLIN 2003 from Low Option to High Option;
- 2) Increase the contract amount of CLIN 2003 from \$ (b)(4)
- 3) Exercise and fully fund CLIN 2003 in the amount of (b)(4) and
- 4) Increase the total funded amount of the contract by \$3,058,266.03 from \$28,741,277.83 to \$31,799,543.86.
- 5) All other terms and conditions remains unchanged and in full force effect.

Option 2 Year 3 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
2003	<p>Outbreak Response Optional Task for Outbreak Response and Emergency Communications</p> <p>The level of effort for this task is proportional to the overall budget for this effort and scaled at 40% (extensive), defined as a national emergency, with widespread and growing involvement of multiple states, cities, territories and other jurisdictions of interest and of an ongoing nature lasting the entire year.</p> <p>Period of Performance: 09/28/2022– 09/27/2023</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting: 9390K9L 2512 2022 75-X-0943 C6B8111101 (b)(4)</p>			

ORDER FOR SUPPLIES OR SERVICES						PAGE 1	OF 40	PAGES
IMPORTANT: Mark all packages and papers with contract and/or order numbers.								
1. DATE OF ORDER 09/28/2020		2. CONTRACT NO. (If any) HHSD2002015M88164B		6. SHIP TO:				
3. ORDER NO. 75D30120F08104		4. REQUISITION/REFERENCE NO. 0000HCVG-2020-49876		a. NAME OF CONSIGNEE CDC DISTRIBUTION CENTER (Warehouse)				
5. ISSUING OFFICE (Address correspondence to) Centers for Disease Control and Prevention (CDC) Office of Acquisition Services (OAS) 2900 Woodcock Blvd, MS TCU-4 Atlanta, GA 30341-4004				b. STREET ADDRESS 3719 NORTH PEACHTREE RD.				
7. TO:				c. CITY CHAMBLEE		d. STATE GA	e. ZIP CODE 30341-2221	
a. NAME OF CONTRACTOR CMGRP, INC. DUNS NUMBER: 148054088				f. SHIP VIA				
b. COMPANY NAME				8. TYPE OF ORDER				
c. STREET ADDRESS 909 3RD AVE FL 7				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		<input checked="" type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
d. CITY NEW YORK		e. STATE NY		f. ZIP CODE 10022-4764				
9. ACCOUNTING AND APPROPRIATION DATA See Section B				10. REQUISITIONING OFFICE HCVG				
11. BUSINESS CLASSIFICATION (Check appropriate box(es))								
<input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED								
12. F.O.B. POINT Destination			14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/27/2021		16. DISCOUNT TERMS Net 30 Days	
13. PLACE OF								
a. INSPECTION		b. ACCEPTANCE						
17. SCHEDULE (See reverse for Rejections)								
ITEM NO. (a)	SUPPLIES OR SERVICES (b)			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	This is a Firm Fixed Price task order against the Office of the Associate Director for Communications (OADC) BPA for NCIRD Health Communications and Strategy. -OFR/OAS: Sheena Delaine, kpz5@cdc.gov , 770.488.2974 -CDC COR: Cynthia Jorgensen, cxj4@cdc.gov , 404.718.8534 -CTR: Joe Danek, (b)(6) 202.585.2771 All invoices must reference TO# in block 3. Submit Invoices to Fax# 404-638-5324 or Email: fmoapinv@cdc.gov							
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.			17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO:							
	a. NAME Centers for Disease Control and Prevention (FMO)						17(i) GRAND TOTAL	
	b. STREET ADDRESS (or P.O. Box) PO Box 15580 404-718-8100							
c. CITY Atlanta				d. STATE GA	e. ZIP CODE 303330080		\$49,870,466.09	
22. UNITED STATES OF AMERICA (Signature)				23. NAME (Typed) Kristopher Lemaster				
				TITLE: CONTRACTING/ORDERING OFFICER				

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$ _____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been ☐ inspected, ☐ accepted, ☐ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

[illegible]

SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
0001	<p>NCIRD Health Communications and Strategy</p> <p>Support for Tasks 1 through 8</p> <p>Period of Performance: 09/28/2020 – 09/27/2021</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
	<p>Line(s) Of Accounting:</p> <p>9390BT0 2512 2020 75-75-X-0512-0</p> <p>2004111101 (b)(4)</p> <p>9390BU9 2512 2020 75-X-0951</p> <p>H008D11101 (b)(4)</p> <p>9391701 2512 2020 75-20-0951</p> <p>5612311101 (b)(4)</p> <p>939ZRWL 2512 2020 75-20-0951</p> <p>5612311101 (b)(4)</p> <p>939ZVDW 2512 2020 75-20-0951</p> <p>5612411101 (b)(4)</p>			
0003	<p>Outbreak Response</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2020– 09/27/2021</p> <p>This is a Severable Line Item, Time & Materials Line Item</p>	1 Job	(b)(4)	
0004	<p>Language Outreach</p> <p>Optional Task 10</p> <p>Period of Performance: 09/28/2020 – 09/27/2021</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	

Option 1 Year 2 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
1001	<p>NCIRD Health Communications and Strategy</p> <p>Support for Tasks 1 through 8</p> <p>Period of Performance: 09/28/2021 – 09/27/2022</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
1003	<p>Outbreak Response</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2021 – 09/27/2022</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
1004	<p>Language Outreach</p> <p>Optional Task 10</p> <p>Period of Performance: 09/28/2021 – 09/27/2022</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	

Option 2 Year 3 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
2001	<p>NCIRD Health Communications and Strategy</p> <p>Support for Tasks 1 through 8</p> <p>Period of Performance: 09/28/2022– 09/27/2023</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
2002	<p>Travel</p> <p>All travel shall be conducted in accordance with the Federal Travel Regulations (FTR), Joint Travel Regulations (JTR) and adhere to FAR 31.205-46. Travel must be approved in advance. Contingent upon an identified need and the availability of funds, a modification may be processed to exercise this option. ICAP approval is not anticipated for this travel.</p> <p>Conference-related travel must be approved in ICAP/CAMS or exempted by a Management Official (MO) prior to the obligation of funding.</p> <p>Period of Performance: 09/28/2022– 09/27/2023</p> <p>This is a Severable Line Item, Time & Materials Line Item</p>	1 Job	(b)(4)	
2003	<p>Outbreak Response</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2022– 09/27/2023</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	

2004	Language Outreach	1 Job	(b)(4)	
	Optional Task 10			
	Period of Performance: 09/28/2022– 09/27/2023			
	This is a Severable Line Item, Fixed Price Line Item			

Option 3 Year 4 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
3001	NCIRD Health Communications and Strategy	1 Job	(b)(4)	
	Support for Tasks 1 through 8			
	Period of Performance: 09/28/2023– 09/27/2024			
	This is a Severable Line Item, Fixed Price Line Item			

3002	<p>Travel</p> <p>All travel shall be conducted in accordance with the Federal Travel Regulations (FTR), Joint Travel Regulations (JTR) and adhere to FAR 31.205-46. Travel must be approved in advance. Contingent upon an identified need and the availability of funds, a modification may be processed to exercise this option. ICAP approval is not anticipated for this travel.</p> <p>Conference-related travel must be approved in ICAP/CAMS or exempted by a Management Official (MO) prior to the obligation of funding.</p> <p>Period of Performance: 09/28/2023– 09/27/2024</p> <p>This is a Severable Line, Time and Materials Line Item</p> <p>Period of Performance: 09/28/2023– 09/27/2024</p>	1 Job	(b)(4)	
3003	<p>Outbreak Response</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2023– 09/27/2024</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
3004	<p>Language Outreach</p> <p>Optional Task 10</p> <p>Period of Performance: 09/28/2023– 09/27/2024</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	

Option 4 Year 5 Items:

ITEM	SUPPLIES / SERVICES	QTY / UNIT	UNIT PRICE	EXTENDED PRICE
4001	<p>NCIRD Health Communications and Strategy</p> <p>Support for Tasks 1 through 8</p> <p>Period of Performance: 09/28/2024– 09/27/2025</p> <p>This is a Severable Line Item, Fixed Price Line Item</p>	1 Job	(b)(4)	
4002	<p>Travel</p> <p>All travel shall be conducted in accordance with the Federal Travel Regulations (FTR), Joint Travel Regulations (JTR) and adhere to FAR 31.205-46. Travel must be approved in advance. Contingent upon an identified need and the availability of funds, a modification may be processed to exercise this option. ICAP approval is not anticipated for this travel.</p> <p>Conference-related travel must be approved in ICAP/CAMS or exempted by a Management Official (MO) prior to the obligation of funding.</p> <p>Period of Performance: 09/28/2024– 09/27/2025</p> <p>This is a Severable Line Item, Time & Materials Line Item</p>	1 Job	(b)(4)	
4003	<p>Outbreak Response</p> <p>Optional Task 9</p> <p>Period of Performance: 09/28/2024– 09/27/2025</p> <p>This is a Severable Line Item, Time & Materials Line Item</p>	1 Job	(b)(4)	

4004	Language Outreach Optional Task 10 Period of Performance: 09/28/2024– 09/27/2025 This is a Severable Line Item, Fixed Price Line Item	1 Job	(b)(4)	

Total Contract Price (Base Plus All Option Years & All Optional Task): \$49,870,466.09

Performance Work Statement

Title: NCIRD Communications Support

- I. Background and Need:** The National Center for Immunization and Respiratory Diseases (NCIRD) and its associated divisions, Division of Bacterial Diseases (DBD), Division of Viral Diseases (DVD), Influenza Division (ID), and Immunization Services Division (ISD), are a critical component within CDC, providing leadership in the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases. NCIRD works to effectively balance our efforts to accommodate the specific needs of all populations at risk of vaccine preventable diseases from children to older adults. In direct support of its mission NCIRD's goals and priorities are:

Goal 1: Strengthen domestic immunization program will be met by addressing the following priorities:

- Strengthen collaboration and coordination with immunization awardees.
- Improve lagging immunization coverage across the life span.
- Address rural and urban disparities.
- Evaluate system barriers to maternal immunization.
- Integrate vaccine registries as a core component of the public health immunization program.

Goal 2: Accelerate development and introduction of new vaccines will be met by addressing the following priorities:

- Implement and evaluate the new zoster vaccine.
- Develop the evidence base to support decision making for priority vaccines under development.
- Evaluate new platforms for study of viral and bacterial disease vaccines.
- Maximize the impact of current and future vaccines for pertussis control.

Goal 3: Innovate through improved use of technology and systems will be met by addressing the following priorities:

- Evolve methods for monitoring national, state and local immunization coverage.
- Improve usability and availability of vaccination coverage and surveillance data.
- Improve integration of epidemiology and laboratory data including genomic sequencing data.
- Modernize NCIRDs approach for online content.

Goal 4: Protect Americans from influenza threats will be met by addressing the following priorities:

- Determine the comparative effectiveness of influenza vaccines.
- Reshape global surveillance to detect novel influenza viruses with pandemic potential.
- Improve pandemic preparedness in the US through exercises and evaluation of non-vaccine interventions (antivirals, RPDs).
- Improve selection and production of influenza vaccine viruses.

Goal 5: Improve prevention, detection and response of respiratory diseases will be met by addressing the following priorities:

- Develop and implement an integrated global health strategy.
- Improve rapid diagnostics for legionella from environmental samples.
- Diversify partnerships for prevention and control of respiratory diseases.
- Optimize use of respiratory diagnostics with domestic and global public health partners.

Goal 6: Nourish a culture that makes NCIRD the Healthiest Organization will be met by addressing the following priorities:

- Implement a comprehensive strategy that develops and strengthens the NCIRD workforce.
- Ensure capacity for continuous evaluation and improvement of operations.
- Improve internal communications throughout NCIRD.
- Cultivate an open, inclusive and diverse work environment.

- II. Project Objective:** NCIRD Health Communication Science Office (HCSO) is committed to implementing a strategic health communication to provide a full range of communication support to change attitudes and behaviors to prevent diseases of interest to NCIRD. Target audiences for these efforts include a variety of internal and external stakeholders, including consumers, healthcare providers, state/local health departments, public health organizations, and policymakers. Technical and creative support by contractors will help NCIRD with strategic communication efforts that reflect Center strategic priorities.

The overall goal of promoting these messages and materials are to:

- Continue to educate opinion leaders, policy makers, media, healthcare providers and the general public about the disease burden of viral, bacterial and respiratory diseases and the value of continued public investment in NCIRD
- Promote vaccination of children, pregnant women and those at risk for flu as recommended by ACIP
- Respond to and communicate risks and recommended actions associated with outbreaks
- Communicate existing and new vaccine recommendations to healthcare providers and other audiences as appropriate
- Increase acceptance and uptake of recommended vaccines
- Develop and disseminate tools and materials that help achieve these goals
- Enhance engagement with internal and external stakeholders around NCIRD's topic areas to further promote these health behaviors and impact public health.
- Develop strategic communication for higher-risk groups who might be more at risk to get certain diseases.

- III. Description of Work:** As an independent organization, and not as an agent of the government, the Contractor will furnish all necessary personnel to provide NCIRD with health communications and strategy services within the general work parameters set forth in the following tasks.

Task 1: Project Management: The Contractor shall develop a comprehensive work plan that outlines all of the activities of the task order. The work plan shall describe all task order activities in detail, including:

- 1.1 Kickoff Meeting and Report:** A kickoff meeting shall be held no later than **10 work days** after the initial award is made to discuss plans and timelines as well as clarify roles and responsibilities, to be held at CDC offices in Atlanta, GA, or via a conference call. A report on the meeting should be provided within 7 work days after the meeting.
- 1.2 Work Plan:** Following the kickoff meeting, Contractor shall provide a written work plan for COR review and acceptance. The work plan will provide clarification or updates specific to each task in greater detail than may have been included in the original proposal, including essential interim and final deliverables and planned mode of deliverable (such as electronic report, printed report, graphics, etc.); description of specific reports and activities to be proposed and developed by the contractor during the course of the project (inclusive of the contractor's plan for ongoing monitoring and evaluation of services to assure high quality performance and customer satisfaction); key staff responsible for tasks (including contractor, CDC or other partners); and schedule of key deadlines (including review cycles and absolute no later than (NLT) dates for key activities and deliverables).

The work plan should allow for flexibility but should provide schedules and details such as drafts, revisions, clearance, additional revisions, finals, and delivery to CDC. The Contractor shall supply CDC with a comprehensive timeline within the overall work plan, complete with due dates assigned for each specific task. The work plan is intended to be a "blueprint" of the entire project. This plan will establish an implementation time schedule as well as staff positioned for completion of work with appropriate lead times for proper government clearance, possible partner review, stakeholder review, audience and/or message testing, creative execution, material revisions, final production, and delivery. The work plan should be presented using an approved project management software.

1.3 Monthly Reports: Contractor will provide a monthly report to address items described in the work plan. This report is considered a substantial deliverable, for review by key Center leadership and the COR and will be used as a tracking tool for success of this project, and documentation of effort/services as invoiced in the matching monthly invoice.

1.4 Communication Plans: The contractor shall work with NCIRD and the Task Order COR to develop and implement a comprehensive communications plan addressing NCIRD priority goals and objectives. Priority goals are stated above and may change in subsequent option years. The communication plans shall contain: staff; the required steps of each task; the roles and responsibilities of the parties involved; appropriate background information; specific communication goals, objectives, audiences, proposed materials and strategies; a detailed timeline; and other information necessary for continued success in implementing national education campaigns. In addition, the contractor should work with CDC to conduct an inventory of existing communication products and ensure that any newly proposed elements are needed and fulfill an identified gap.

As part of the comprehensive communications plans, the Contractor shall describe the strategies and the types of communication products recommended, as well as the steps required to develop, test, and produce and disseminate the various communication elements. These plans shall also provide anticipated costs for management, development, pre-production, production, and implementation of the various communication strategies. Final plans should be developed after the draft plans are submitted to the COR for review and feedback; two rounds of revisions may be assumed. The Contractor, after receiving approval of each communication plan, shall implement each task as directed by the Task Order COR.

Task 2: Product Development and Testing

2.1 Product Development: The Contractor shall work closely with the Task Order COR and develop a suite of communication products to achieve the priority NCIRD goals referenced above. A suite would consist of a combination of products with a cohesive look and feel designed to achieve a particular objective. This task may also support development of products to support any NCIRD diseases of interest. Products may include:

- Professional education materials (e.g., algorithms, checklists, etc. for digital and print formats)
- Patient education materials (e.g., brochures, reminders/tip sheets, push cards, posters for digital and print formats)
- Multi-media advertisements (video (animated and/or live action up to 3 minutes in length), audio, digital, print as appropriate)
- Web content
- Graphic elements (e.g., logos, design elements, social media snacks, etc.)
- Digital or electronic resources (e.g., shareable graphics, infographics, GIFs, etc.)
- Partner communication toolkits
- Training resources or job aides

The Contractor shall work closely with the Task Order COR and shall obtain appropriate scientific review and approval before the development and final production process of any communication materials. The Contractor shall manage accurately and successfully up to three rounds of edits for each material/product developed and submit all draft products to the COR and technical monitor for review and approval prior to final production. The final copy of all products shall incorporate all changes requested by the COR and designated CDC clearance officials and is expected to be error-free. All work conducted under this task order is considered work-for-hire for CDC and becomes property of CDC for designated use in the public domain. All products must follow all internal CDC guidelines, including CDC's branding, 508 compliance and web standards.

All materials designed and produced by the Contractor will be required to adhere to the following:

- a. Produced in standard size/format/specifications consistent with industry standards given the communications objective, and compliance with all relevant guidelines .
- b. Designed with the use of HHS and CDC logos as required by current HHS/CDC guidelines.
- c. Ensure that information products are accessible to persons with disabilities (508 compliant) and suitable for electronic and print publication by NCIRD for submission to CDC and external parties, publishers or for posting on CDC's internet or intranet sites.
- d. Culturally and linguistically appropriate for the target audience(s)
- e. Designed with photographs, diagrams, graphics and artwork with unrestricted use (i.e. buyouts on all talent and rights)
- f. Designed in formats that facilitate distribution and use, and if applicable, available as a downloadable file, suitable for printing on local printers, or for high quality, professional printing
- g. Designed to be adapted and/or localized by interested partners (e.g. State or local Health Departments or Community Based Organizations) as allowed by CDC policy
- h. CDC will have sole ownership of and full rights to all logos, icons, data, graphics, electronic files, concepts or other materials developed through this task order. [Data Rights Management]
- i. CDC will be considered the primary author and credit to Contractor is purely at CDC's discretion.

2.2 Formative Research and Product Testing: The Contractor shall provide all services relating to developing and implementing strategic communication, including conducting formative research to obtain information essential to the ongoing planning of specific activities, tactics, and/or strategies related to NCIRD priorities. The purpose of the formative evaluation is to obtain information essential in the planning and delivery of specific activities, tactics, and/or communication efforts.

The formative research may include, but not be limited to: situational analyses; literature reviews; media channel analyses; audience research (including primary or secondary research of the attitudes, needs and behaviors of healthcare providers and consumers); identification of assets, community stakeholders and partners and/or analysis of any other relevant information needed for strategic decisions.

The Contractor shall also pretest message concepts, draft materials, and existing materials as requested. The Contractor shall also provide the logistical and research planning and implementation support to pretest message concepts, draft materials, story boards and other existing materials as requested. Such testing will be undertaken to assure comprehension, clarity, acceptability, and cultural appropriateness of the message with the various target audiences. Methods for testing may include, but not be limited to the following online and in-person methods: informal testing, focus group testing, one-on-one testing, panel surveys, and/or expert review. It is the expectation of the Government that any proposed formative research and evaluation strategy or plan will be reviewed and approved by CDC prior to the testing activities. This includes key personnel, such as the proposed moderator or interviewer.

With guidance and direction from CDC, the Contractor shall set up testing sessions; prepare recruitment criteria, develop an interview/moderator guide or instrument (or other materials as appropriate); capture respondent reactions; and revise or modify concepts or materials, and test again if warranted. The Contractor shall also prepare a written report on the results of the formative research, including methods, conclusions and recommendations for the particular issue(s) and target audience(s) to be addressed in prevention efforts.

Any primary research activities (e.g., focus groups, testing of materials, etc.) are subject to IRB and/or OMB regulations, and, as such, the contractor should be prepared to develop the appropriate IRB/OMB packages, including expedited packages, as feasible and applicable and incorporate such activities into planning, timelines and cost estimates. Note: Any vaccine-related data collections will be considered exempt from OMB review. Generic clearances may be required for data collections that are not vaccine-related (for example, non-vaccine preventable respiratory diseases).

Research activities will be exempt from OMB and will consist of the following: literature reviews, audience media channel analyses, focus groups (in person and virtual), in-depth interviews testing; omnibus surveys, and expert reviews.

- 2.3 Graphic Support:** The Contractor shall work closely with the Task Order COR to design graphic elements to support the four divisions in NCIRD. These requests include design elements for specific needs, initiatives or situations. The graphic support will include the following: fact sheets, brochures for digital and print formats, posters, graphic elements (e.g., logos, design elements, social media snacks, GIFs) and infographics.

Task 3: Dissemination

- 3.1 Product Dissemination:** The Contactor shall develop a comprehensive implementation plan to ensure that the proposed communication materials will reach the intended audience in an efficient and timely manner. The Contractor shall be prepared to address all aspects of distribution, including packaging, promotion, use of intermediaries, and distribution channels. This may include print, out of home, radio and television Public Service Announcements (PSA)s or paid ads as specified in the communication plan. Where possible, each potential distribution channel will be analyzed as to reach, frequency, duration and earned and/or paid cost. As directed by the Task Order COR, the Contractor shall assess and propose as appropriate, strategic ways to disseminate NCIRD materials, including traditional media channels, earned media, non-traditional communication channels, digital and/or social media strategies. The dissemination plan should be approved by the COR prior to the implementation of the plan.

The Contactor shall monitor and track the implementation of any dissemination efforts. This may include, but not be limited to: monitoring of materials distributed; analyzing intermediary participation; measuring audience participation or engagement; conducting a content analysis of press/media coverage; tracking of public service messages; or any other standard industry process measure.

- 3.2 Digital Paid Media:** The Contractor shall identify opportunities of digital media and ad placement to reach specified target audiences, including adword searches, digital banner ads, forced views and/or any other approved digital tactic. Such opportunities should be detailed in three separate digital paid plans, which should outline the tactics and approaches, as well as a summary and analysis of the effort once completed.

Task 4: News Media Support: The Contactor may be required to plan and provide support for news media outreach and/or earned opportunities and report out on such efforts. The outreach shall involve specific and strategic news media activities, including, but not limited to generation of story ideas; distribution of matte articles, outreach to news, media, and entertainment organizations; satellite radio and TV tours; spokesperson training; and/or outreach to celebrities or the entertainment media. As required by regulations, any activities should adhere to required CDC and CDC Center media guidelines, as well as any approval requirement by HHS officials. The COR and HCSO shall approve all media pitch lists, pitch scripts, and key messages needed for this activity. CDC will obtain all necessary clearances for media interviews and will work with contractor to arrange /confirm participation of spokespeople, acquire bios and contact information. HHS policy requires that health-related media products receive approval from the Office of the Assistant Secretary for Public Affairs before release to the public. As required and at the Task Order COR's direction, the Contractor shall work with the COR to obtain the necessary clearance.

Task 5: Communication to Healthcare Professionals: The purpose of this task is to develop and implement a communication plan for reaching healthcare providers (including but not limited to primary care providers, pediatricians, OB/GYNs) based upon specific direction and objectives from the COR. The implementation plan should ensure that the proposed communication strategies and any associated educational materials will reach healthcare providers in an efficient and timely manner, as well. The contractor, in conjunction with NCIRD, shall work with medical and public professional organizations,

medical educators and others to educate their members about viral, respiratory and bacterial diseases (both those vaccine preventable and not), as well as to develop and promote CDC resources, clinical tools, and educational materials. The contractor should also develop and provide a post implementation analysis and report.

Task 6: Partnership Development: The Contactor shall work with COR and designated staff to develop key partnership critical to meeting the goals and objectives as outlined in the NCIRD priorities and strategic plan. Under the direction of the COR, the Contractor shall develop a plan for engaging organizations to partner on goals of mutual concern, and for any or all of the activities included in this statement of work. Potential partners could include, but not be limited to, other government agencies, state and local health departments, professional medical organizations, nonprofit organizations, community based organizations/non-governmental agencies, private sector partners, medical schools, and universities.

The Contractor will provide services to develop and manage these partnerships, as well as ensure their sustainability. The services requested could include, but are not limited to: identifying relevant partners; developing a partnership plan; working with CDC in recruiting partners; facilitating and managing partner activities; monitoring partnership activities, reporting regularly on partnership activities, and/or evaluating the effectiveness of the partnership. Support may also include scheduling conference calls and meetings, facilitating routine communications, or using digital technology platforms for discussion and sharing.

Task 7: Digital, Social Media and Web Support

7.1 Social Media: The contractor should have the necessary expertise in digital media and social media and be abreast of rapidly changing platforms and applications within these fields. As directed by the Task Order COR, the Contractor shall assess and propose as appropriate, strategies involving digital and social media, including but not limited to Twitter, Facebook, Instagram and other platforms and the devices used to access these and other information sources. Requirements may include but not be limited to development of strategic social media and site selection plans, content creation, distribution and promotion, social listening, and monitoring, reporting and analysis and evaluation of efforts. The Contractor must be able to recommend innovative strategies and the rationale for those recommendations, and execute such strategies upon approval of the Task Order COR.

The Contractor shall provide notification of new and updated topics, trends, features, and technologies for the web and social media, e.g., Web 2.0 functionality, podcasts, “Really Simple Syndication” (RSS), Section 508/accessibility, Facebook, Twitter and other social media channels, email marketing, software/systems, and other emerging digital-related technologies for NCIRD. These updates shall be delivered to the COR. Requests average 1 or 2 per month.

The Contractor shall collect and analyze data for usage and trends in social media and prepare reports using the available tools including Sysomos MAP, HootSuite Pro, and Simply Measured, among others, for NCIRD. The specific analytic tool to be approved by the COR. The Contractor shall make recommendations for social media content development based on analysis and as part of a unified communications strategy.

7.2 Web Design and Support: As directed by the Task Order COR, the Contractor may be required to provide web site design and support services for the various websites managed by NCIRD.

Web site design may include any and all aspects of ensuring a well-designed and user-centered website, consistent with Digital First principles and meeting the strategic objectives of NCIRD. Activities may include stakeholder interviews, concept creation, wireframe development, design consultation, search optimization, information architecture, usability and other related web components. Web support includes any activities designed to manage content and identify missing, redundant, and outdated information. In addition, the contractor may be asked to develop web based and mobile applications.

All website development must be designed within the CDC approved template formats and the contractor shall ensure that the web site follows all CDC and federal web policies, standards and guidelines including ensuring the site is fully 508 compliant. All source code must comply with CDC standards and be provided upon request. New sites shall be developed within CDC's WCMS (WordPress) environment. The contractor and its employees must comply with all relevant DHHS and CDC physical and information technology security policies, standards and requirements - including those mandated by the National Institute of Standards and Technology (NIST) and Office of Management and Budget (OMB). Compliance must be coordinated and documented through the CDC's Office of the Chief Information Security Officer (OCISO).

7.3 Usability Testing: As directed by the Task Order COR, the Contractor may be required to provide web site usability testing on one or more of the NCIRD web sites. Such web site services must be conducted using the User Centered Design methodology that includes requirements documentation, user profiles and scenarios of use, detailed wire frames, iterative user testing (including study design, data analysis, and design recommendations). Activities will need to meet OMB Usability Requirements to assure that DHHS/CDC supported websites are well-engineered, usable (easy, efficient, and effective tools), accessible (508 compliant), meet the health information needs of its users, and present information in a manner that is easily understood and processed by CDC's multiple and diverse audiences. If deemed more suitable by CDC, the usability testing and resulting design recommendations

The Contractor shall provide services and technical assistance for usability and user-centered design activities, based upon user experience methodologies. The Contractor shall make recommendations for designs for websites and applications that are measurably easier to learn, remember, and use, and research-based usability methodologies and best practices shall guide these efforts.

The Contractor shall plan the approach to usability testing, including the approach, methods and proposed audiences and obtain approval prior to the implementation of any usability activities. The contractor shall engage in usability activities that may include participant recruitment, user and task analysis, data collection and analysis, user surveys, observations, expert and guidelines-based interviews and reviews, and usability evaluation and testing. The Contractor shall provide recommendations for page or site design or redesign based upon this research.

Task 8: On-site Communication Staff Support: The contractor shall provide 10 on-site health communications staff. The staff will be placed in several NCIRD Divisions, as well as HSCO. The contractor shall outline recruitment strategies and seek input from CDC on the specific skills needed by the various units within NCIRD. The Contractor shall keep CDC apprised of management and retention efforts and report monthly on contract staff's activities.

The on-site staff should include the following:

- 7 Health Communication Specialists
- 2 Health Communication Research Specialists
- 1 Social Media Communication Specialist

Task 9: *Optional*: Outbreak Response and Emergency Communications: CDC and NCIRD often participates in outbreak responses that may or may not warrant full activation of CDC's emergency operations center (EOC), but often require significant communication resources. These events require rapid production of tailored, culturally appropriate communication for a specific purpose and audience. If exercised, CDC would be seeking assistance in creating strategic communications efforts that will result in behavior changes to stop disease transmission and curb the outbreak. Because the nature of such emergency responses are not predictable, the Offeror is asked to budget responses at three levels of effort described below and plan for similar activities as described above. The budget for this optional task should be proportional to the overall budget for this effort and be scaled for the parameters outlined.

- A. low, defined as 3 month duration; limited to 2 regional geographic areas such as a large city and surrounding counties; (10% of overall task)

- B. medium, defined as 12 states and no more than a 6 month duration; (20% of overall task)
- C. extensive, defined as a national emergency, with widespread and growing involvement of multiple states, cities, territories and other jurisdictions of interest and of an ongoing nature lasting the entire year; (40% of overall task)

Task 10: *Optional*: Spanish and other Non-English Language Outreach: NCIRD may desire that certain communication efforts be developed in other languages for specific outreach to non-English speaking Americans. All activities in tasks I to IV may be requested at a smaller scale than described above, but for Spanish speakers and for other languages as the need arises. Offerors should propose potential staff and/or sub-contractors to execute these tasks for Spanish speakers and provide a plan to engage other cross cultural communication experts as needed. If exercised, this would be a 25% effort of tasks 1 to IV above.

IV. Travel All travel shall be conducted in accordance with the Federal Travel Regulations (FTR), Joint Travel Regulations (JTR) and adhere to FAR 31.205-46. Travel is an optional line item and must be approved in advance. Contingent upon an identified need and the availability of funds, a modification may be processed to exercise this option. Modifications must be in writing, issued by CDC and signed by the Contracting Officer and Contractor.

The contractor must submit requests for travel to the COR with sufficient time to permit review and approval. Once travel is approved, trips must be scheduled for travel during normal duty hours whenever possible. The contractor must use the minimum number of travelers and rental cars needed. Airfare will be reimbursed for actual common carrier fares which are obtained by the most reasonable and economical means. The contractor is responsible for ensuring travel costs do not exceed the amount authorized in this task order and must provide a Trip Report for each trip associated with a travel approval. The contractor shall maintain a summary of all approved travel, to include at a minimum, the name of the traveler, location of travel, duration of the trip, total cost of the trip.

V. Deliverables: All task order deliverables intended for communication to the public must comply with Public Law 111-274, the Plain Writing Act of 2010. For Plain Language information and the Federal Plain Language Guidelines see www.plainlanguage.gov.

Deliverables and timelines are the same for the Base Period and Option Periods.

DELIVERABLE TABLE:

Deliverable	Delivery Method	Qty	Deliverable Due Date	Deliver To
Staff recruitment plan	Electronic MS Word and/or PowerPoint	1	10 days after award	CDC Task Leader /Project Officer /COR or Designee
Kickoff report	Electronic MS Word /Excel and/or PowerPoint	1	10 days after kickoff	
Work Plan	Project Management Software	1	30 days after kickoff	
Communication Plan	Electronic MS Word and/or PowerPoint	1	45 days after kickoff	
Digital media activity report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month	
Digital media plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Dissemination Plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Graphic elements	Electronic MS Word /Excel and/or PowerPoint	1	5 days after need is identified	
HCP outreach activity report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month	
HCP outreach plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Media outreach activity report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month	
Media outreach plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Partnership activity report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month	
Partnership plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Planned activity list	Electronic MS Word /Excel	12	10th day of month	
Product Development Plan	Electronic MS Word and/or PowerPoint	1	5 days after need is identified	
Audience research activity	Electronic MS Word /Excel and/or PowerPoint	1	5 days after activity	

Report			
Research methods and instruments list	Electronic MS Word /Excel	1	5 days after need is identified
Research Plan	Electronic MS Word and/or PowerPoint	1	5 days after need is identified
Social media content and graphics activity	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month
Social media listening activity report	Electronic MS Word /Excel and/or PowerPoint	1	5 days after activity
Social media metrics & analytics	Electronic MS Word /Excel and/or PowerPoint	1	10 days after activity
Social media recommendations	Electronic MS Word /Excel and/or PowerPoint	24	Twice monthly
Social media strategic plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified
Staff recruitment plan	Electronic MS Word and/or PowerPoint	1	As needed
Usability reports	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month
Usability research plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified
Web-based application development plans	Electronic MS Word and/or PowerPoint	1	5 days after need is identified
Web-based application progress report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month
Web-based application testing report	Electronic MS Word /Excel and/or PowerPoint	1	5 days after activity
Webinar plans	Electronic MS Word and/or PowerPoint	1	5 days before activity
Webinar report	Electronic MS Word /Excel and/or PowerPoint	1	5 days after activity
Website analysis	Electronic MS Word and/or PowerPoint	1	As needed
Website recommendations	Electronic MS Word /Excel and/or PowerPoint	1	As needed
Website re-design report	Electronic MS Word /Excel and/or PowerPoint	12	10th day of month

All materials will be submitted electronically in MS compatible format that meets CDC standards and is readily available at CDC (e.g. MS Office (Word, Excel, PowerPoint) or Adobe Acrobat. All reporting requirements and written deliverables will be supplied to the COR. Acceptance of any written deliverables is pending COR and technical monitor review. Resulting comments shall be addressed in the next following monthly report. Any schedule of interim deliverables may be revised according to CDC acceptance of an updated written work plan by the COR and project technical monitor during the project with the restriction that these changes must not impact the overall period of performance, scope, or specifications of the award, or otherwise impinge on the authority of the contracting officer. It is the responsibility of the contractor to fully understand what changes require contracting officer approval. The contractor shall provide CDC with the opportunity to review at least twice a full draft of all deliverables prior to their completion and submission for formal acceptance. When appropriate, key messages to be included in the deliverables shall be reviewed and agreed prior to deliverable's development, and section drafts shall be made available for review and comment.

VI. PERFORMANCE MATRIX:

Task	Acceptable Quality Level (AQL)		Method	Incentives/ Disincentives
Task 1: Project Management	Activities conducted as outlined in the PWS	100%	Review of delivered reports (by the COR)	Contractor's performance is documented as past performance using CPARS which is considered for future awards.
Task 2: Product Development and Testing	Activities conducted as outlined in the PWS	100%		
	Appropriate content included as outlined in the PWS			
	Technically accurate content			
	Meets technical specifications for formats and graphic design standards			
	508 compliancy of all materials			
	Research methods adhere to scientific principals and standards			
Task 3: Dissemination	Activities conducted as outlined in the PWS	100%		
	Activities meet industry standards for reach			

	Quality of placements (as identified by targeted impressions) and judicious use of CDC resources for ad placements			
Task 4: News Media Support	Activities conducted as outlined in the PWS	100%		
	Benchmarks set and met for specific activities			
Task 5: Communication to Healthcare Professionals	Activities conducted as outlined in the PWS	100%		
	Benchmarks set and met for specific activities			
Task 6: Partnership Development	Activities conducted as outlined in the PWS	100%		
	Benchmarks set and met for specific activities			
Task 7: Digital, Social Media and Web Support	Activities conducted as outlined in the PWS	100%		
	Benchmarks set and met for specific activities			
	Standards for digital first met			
	Compliance with CDC standards for accessibility, template compliance and other relevant rules and guidance			
	508 compliancy of all materials			
	Usability research methods adhere to scientific principals and standards			
Task 8: On-site Staff Support	Staff replaced within 45 days	100%		
	Turnover in one year	< 20%		
Task 9: <i>Optional</i> Outbreak Response and Emergency Communications	Activities conducted as outlined in the PWS	100%		
	Benchmarks set and met for specific activities as outlined above			
Task 10: <i>Optional</i> Spanish and other Non-English Language Outreach	Activities conducted as outlined in the PWS	100%		
	Linguistic expertise is from staff experienced in that particular language and culture			
	Materials and strategies are developed from native speakers and are not a mere translation from English			
	In-language meets standards for broadcast Spanish, for example, or other standards for the requested language			

VII. Period of Performance: The period of performance is for a base year with the option to continue for a total period not to exceed five (5) years.

Base Period 09/28/2020 - 09/27/2021
Year 2 (Option): 09/28/2021 - 09/27/2022
Year 3 (Option): 09/28/2022 - 09/27/2023
Year 4 (Option): 09/28/2023 - 09/27/2024
Year 5 (Option): 09/28/2024 - 09/27/2025

VIII. Place of Performance: For the on-site contract staff, the place of performance is the CDC on-site location in the Atlanta metro area at the Clifton Road (Roybal) Campus. A workspace will be provided for on-site contractors. Unless otherwise specified, the Contractor should plan to do the majority of work offsite. Travel for this purpose must be submitted to the COR with sufficient time to permit review and approval. All travel must comply with requirements identified in section V. of this document.

IX. Government Furnished Materials, Facilities and Property: CDC will provide contractor personnel with adequate work space when working onsite at the Clifton Road (Roybal) Campus. On-site contractor personnel will be provided a personal computer and materials necessary to perform the duties assigned. CDC will not provide Blackberries or similar equipment to contractors. CDC will not provide equipment, except when necessary for access to the CDC network via VPN, Site VPN, and Leased Line. CDC will only provide key fobs for access to CITGO /VPN. Rare instances where government furnished equipment is required will be

handled on an individual basis. Any variation will be subject to Contracting Officer and Contracting Officer Representative's approval.

X. Information Security and Privacy Requirements

A. Baseline Security Requirements

- 1) **Applicability.** The requirements herein apply whether the entire contract or order (hereafter "contract"), or portion thereof, includes either or both of the following:
 - a. **Access (Physical or Logical) to Government Information:** A Contractor (and/or any subcontractor) employee will have or will be given the ability to have, routine physical (entry) or logical (electronic) access to government information.
 - b. **Operate a Federal System Containing Information:** A Contractor (and/or any subcontractor) will operate a federal system and information technology containing data that supports the HHS mission. In addition to the Federal Acquisition Regulation (FAR) Subpart 2.1 definition of "information technology" (IT), the term as used in this section includes computers, ancillary equipment (including imaging peripherals, input, output, and storage devices necessary for security and surveillance), peripheral equipment designed to be controlled by the central processing unit of a computer, software, firmware and similar procedures, services (including support services), and related resources.
- 2) **Safeguarding Information and Information Systems.** In accordance with the Federal Information Processing Standards Publication (FIPS)199, *Standards for Security Categorization of Federal Information and Information Systems*, the Contractor (and/or any subcontractor) shall:
 - a. Protect government information and information systems in order to ensure:
 - **Confidentiality**, which means preserving authorized restrictions on access and disclosure, based on the security terms found in this contract, including means for protecting personal privacy and proprietary information;
 - **Integrity**, which means guarding against improper information modification or destruction, and ensuring information non-repudiation and authenticity; and
 - **Availability**, which means ensuring timely and reliable access to and use of information.
 - b. Provide security for any Contractor systems, and information contained therein, connected to an HHS network or operated by the Contractor on behalf of HHS regardless of location. In addition, if new or unanticipated threats or hazards are discovered by either the agency or contractor, or if existing safeguards have ceased to function, the discoverer shall immediately, **within one (1) hour or less**, bring the situation to the attention of the other party.
 - c. Adopt and implement the policies, procedures, controls, and standards required by the HHS Information Security Program to ensure the confidentiality, integrity, and availability of government information and government information systems for which the Contractor is responsible under this contract or to which the Contractor may otherwise have access under this contract. Obtain the HHS Information Security Program security requirements, outlined in the HHS Information Security and Privacy Policy (IS2P), by CO/COR or emailing fisma@hhs.gov.
 - d. Comply with the Privacy Act requirements and tailor FAR clauses as needed.
- 3) **Information Security Categorization.** In accordance with FIPS 199 and National Institute of Standards and Technology (NIST) [Special Publication \(SP\) 800-60, Volume II: Appendices to Guide for Mapping Types of Information and Information Systems to Security Categories, Appendix C](#), and based on information provided by the ISSO, CISO, or other security representative, the risk level for each Security Objective and the Overall Risk Level, which is the highest watermark of the three factors (Confidentiality, Integrity, and Availability) of the information or information system are the following:

Confidentiality:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Integrity:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Availability:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Overall Risk Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
- 4) **Personally Identifiable Information (PII).** Per the Office of Management and Budget (OMB) Circular A-130, "PII is information that can be used to distinguish or trace an individual's identity,

either alone or when combined with other information that is linked or linkable to a specific individual.” Examples of PII include, but are not limited to the following: social security number, date and place of birth, mother’s maiden name, biometric records, etc.

Based on information provided by the ISSO, Privacy Office, system/data owner or other security or privacy representative, it has been determined this contract involves PII: ☐ No ☒ Yes

PII Confidentiality Impact Level has been determined to be: ☐ Low ☒ Moderate ☐ High

- 5) **Controlled Unclassified Information (CUI).** CUI is defined as “information that laws, regulations, or Government-wide policies require to have safeguarding or dissemination controls, excluding classified information.” The Contractor (and/or any subcontractor) must comply with *Executive Order 13556, Controlled Unclassified Information, (implemented at 3 CFR, part 2002)* when handling CUI. 32 C.F.R. 2002.4(aa) As implemented the term “handling” refers to “...any use of CUI, including but not limited to marking, safeguarding, transporting, disseminating, re-using, and disposing of the information.” 81 Fed. Reg. 63323. All sensitive information that has been identified as CUI by a regulation or statute, handled by this solicitation/contract, shall be:
- a. marked appropriately;
 - b. disclosed to authorized personnel on a Need-To-Know basis;
 - c. protected in accordance with NIST SP 800-53, *Security and Privacy Controls for Federal Information Systems and Organizations* applicable baseline if handled by a Contractor system operated on behalf of the agency, or NIST SP 800-171, *Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations* if handled by internal Contractor system; and
 - d. returned to HHS control, destroyed when no longer needed, or held until otherwise directed. Destruction of information and/or data shall be accomplished in accordance with NIST SP 800-88, *Guidelines for Media Sanitization*.
- 6) **Protection of Sensitive Information.** For security purposes, information is *or* may be sensitive because it requires security to protect its confidentiality, integrity, and/or availability. The Contractor (and/or any subcontractor) shall protect all government information that is or may be sensitive in accordance with OMB Memorandum M-06-16, *Protection of Sensitive Agency Information* by securing it with a FIPS 140-2 validated solution.
- 7) **Confidentiality and Nondisclosure of Information.** Any information provided to the contractor (and/or any subcontractor) by HHS or collected by the contractor on behalf of HHS shall be used only for the purpose of carrying out the provisions of this contract and shall not be disclosed or made known in any manner to any persons except as may be necessary in the performance of the contract.

The Contractor assumes responsibility for protection of the confidentiality of Government records and shall ensure that all work performed by its employees and subcontractors shall be under the supervision of the Contractor. Each Contractor employee or any of its subcontractors to whom any HHS records may be made available or disclosed shall be notified in writing by the Contractor that information disclosed to such employee or subcontractor can be used only for that purpose and to the extent authorized herein.

The confidentiality, integrity, and availability of such information shall be protected in accordance with HHS and CDC policies. Unauthorized disclosure of information will be subject to the HHS/CDC sanction policies and/or governed by the following laws and regulations:

- a. 18 U.S.C. 641 (Criminal Code: Public Money, Property or Records);
 - b. 18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information); and
 - c. 44 U.S.C. Chapter 35, Subchapter I (Paperwork Reduction Act).
- 8) **Internet Protocol Version 6 (IPv6).** All procurements using Internet Protocol shall comply with OMB Memorandum M-05-22, *Transition Planning for Internet Protocol Version 6 (IPv6)*.

- 9) **Government Websites.** All new and existing public-facing government websites must be securely configured with Hypertext Transfer Protocol Secure (HTTPS) using the most recent version of Transport Layer Security (TLS). In addition, HTTPS shall enable HTTP Strict Transport Security (HSTS) to instruct compliant browsers to assume HTTPS at all times to reduce the number of insecure redirects and protect against attacks that attempt to downgrade connections to plain HTTP. For internal-facing websites, the HTTPS is not required, but it is highly recommended.
- 10) **Contract Documentation.** The Contractor shall use provided templates, policies, forms and other agency documents as outlined in CDC polices to comply with contract deliverables as appropriate.
- 11) **Standard for Encryption.** The Contractor (and/or any subcontractor) shall:
- a. Comply with the *HHS Standard for Encryption of Computing Devices and Information* to prevent unauthorized access to government information.
 - b. Encrypt all sensitive federal data and information (i.e., PII, protected health information [PHI], proprietary information, etc.) in transit (i.e., email, network connections, etc.) and at rest (i.e., servers, storage devices, mobile devices, backup media, etc.) with FIPS 140-2 validated encryption solution.
 - c. Secure all devices (i.e.: desktops, laptops, mobile devices, etc.) that store and process government information and ensure devices meet HHS and CDC-specific encryption standard requirements. Maintain a complete and current inventory of all laptop computers, desktop computers, and other mobile devices and portable media that store or process sensitive government information (including PII).
 - d. Verify that the encryption solutions in use have been validated under the Cryptographic Module Validation Program to confirm compliance with [FIPS 140-2](#). The Contractor shall provide a written copy of the validation documentation to the COR prior to performing any work on behalf of HHS.
 - e. Use the Key Management system on the HHS personal identification verification (PIV) card or establish and use a key recovery mechanism to ensure the ability for authorized personnel to encrypt/decrypt information and recover encryption keys. Encryption keys shall be provided to the COR upon request and at the conclusion of the contract.
- 12) **Contractor Non-Disclosure Agreement (NDA).** Each Contractor (and/or any subcontractor) employee having access to non-public government information under this contract shall complete the CDC non-disclosure agreement. A copy of each signed and witnessed NDA shall be submitted to the Contracting Officer (CO) and/or CO Representative (COR) prior to performing any work under this acquisition.
- 13) **Privacy Threshold Analysis (PTA)/Privacy Impact Assessment (PIA)** – The Contractor shall assist the CDC Senior Official for Privacy (SOP) or designee with conducting a PTA for the information system and/or information handled under this contract to determine whether or not a full PIA needs to be completed.
- a. If the results of the PTA show that a full PIA is needed, the Contractor shall assist the CDC SOP or designee with completing a PIA for the system or information within **7 days** after completion of the PTA and in accordance with HHS policy and OMB M-03-22, *Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*.
 - b. The Contractor shall assist the OpDiv SOP or designee in reviewing the PIA at least every **three years** throughout the system development lifecycle (SDLC)/information lifecycle, or when determined by the agency that a review is required based on a major change to the system, or when new types of PII are collected that introduces new or increased privacy risks, whichever comes first.

B. Training

- 1) **Mandatory Training for All Contractor Staff.** All Contractor (and/or any subcontractor) employees assigned to work on this contract shall complete the applicable HHS/CDC Contractor Information Security Awareness, Privacy, and Records Management training (provided upon contract award) before performing any work under this contract. Thereafter, the employees shall complete CDC

- Information Security Awareness, Privacy, and Records Management training at least **annually**, during the life of this contract. All provided training shall be compliant with HHS training policies.
- 2) **Role-based Training.** All Contractor (and/or any subcontractor) employees with significant security responsibilities (as determined by the program manager) must complete role-based training **annually** commensurate with their role and responsibilities in accordance with HHS policy and the *HHS Role-Based Training (RBT) of Personnel with Significant Security Responsibilities Memorandum*.
 - 3) **Training Records.** The Contractor (and/or any subcontractor) shall maintain training records for all its employees working under this contract in accordance with HHS policy. A copy of the training records shall be provided to the CO and/or COR within **30 days** after contract award and **annually** thereafter or upon request.

C. Rules of Behavior

- 1) The Contractor (and/or any subcontractor) shall ensure that all employees performing on the contract comply with the *HHS Information Technology General Rules of Behavior*, and CDC Implementation of the HHS Rules of Behavior for Use of HHS Information Technology Resources.
- 2) All Contractor employees performing on the contract must read and adhere to the Rules of Behavior before accessing Department data or other information, systems, and/or networks that store/process government information, initially at the beginning of the contract and at least **annually** thereafter, which may be done as part of annual CDC Information Security Awareness Training. If the training is provided by the contractor, the signed ROB must be provided as a separate deliverable to the CO and/or COR per defined timelines above.

- D. Incident Response.** The Contractor (and/or any subcontractor) shall respond to all alerts/Indicators of Compromise (IOCs) provided by CDC Computer Security Incident Response Team (CSIRT) **within 24 hours**, whether the response is positive or negative.

FISMA defines an incident as “an occurrence that (1) actually or imminently jeopardizes, without lawful authority, the integrity, confidentiality, or availability of information or an information system; or (2) constitutes a violation or imminent threat of violation of law, security policies, security procedures, or acceptable use policies. The *HHS Policy for IT Security and Privacy Incident Reporting and Response* further defines incidents as events involving cybersecurity and privacy threats, such as viruses, malicious user activity, loss of, unauthorized disclosure or destruction of data, and so on.

A privacy breach is a type of incident and is defined by Federal Information Security Modernization Act (FISMA) as the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where (1) a person other than an authorized user accesses or potentially accesses personally identifiable information or (2) an authorized user accesses or potentially accesses personally identifiable information for an other than authorized purpose. The *HHS Policy for IT Security and Privacy Incident Reporting and Response* further defines a breach as “a suspected or confirmed incident involving PII”.

In the event of a suspected or confirmed incident or breach, the Contractor (and/or any subcontractor) shall:

- 1) Protect all sensitive information, including any PII created, stored, or transmitted in the performance of this contract so as to avoid a secondary sensitive information incident with FIPS 140-2 validated encryption.
- 2) NOT notify affected individuals unless so instructed by the Contracting Officer or designated representative. If so instructed by the Contracting Officer or representative, the Contractor shall send CDC approved notifications to affected individuals within 30 days.
- 3) Report all suspected and confirmed information security and privacy incidents and breaches to the CDC Computer Security Incident Response Team (CSIRT) at 866-655-2245 and CSIRT@cdc.gov, COR, CO, CDC SOP (or his or her designee), and other stakeholders, including incidents involving PII, in any medium or form, including paper, oral, or electronic, as soon as possible and without unreasonable delay, no later than **one (1) hour**, and consistent with the applicable CDC and HHS policy and procedures, NIST standards and guidelines, as well as US-CERT notification guidelines. The types of information required in an incident report must include at a minimum: company and point

- of contact information, contract information, impact classifications/threat vector, and the type of information compromised. In addition, the Contractor shall:
- a. cooperate and exchange any information, as determined by the Agency, necessary to effectively manage or mitigate a suspected or confirmed breach;
 - b. not include any sensitive information in the subject or body of any reporting e-mail; and
 - c. encrypt sensitive information in attachments to email, media, etc.
- 4) Comply with OMB M-17-12, *Preparing for and Responding to a Breach of Personally Identifiable Information*, HHS and CDC incident response policies when handling PII breaches.
 - 5) Provide full access and cooperate on all activities as determined by the Government to ensure an effective incident response, including providing all requested images, log files, and event information to facilitate rapid resolution of sensitive information incidents. This may involve disconnecting the system processing, storing, or transmitting the sensitive information from the Internet or other networks or applying additional security controls. This may also involve physical access to contractor facilities during a breach/incident investigation.
- E. Position Sensitivity Designations.** All Contractor (and/or any subcontractor) employees must obtain a background investigation commensurate with their position sensitivity designation that complies with Parts 1400 and 731 of Title 5, Code of Federal Regulations (CFR). The following position sensitivity designation levels apply to this solicitation/contract: Public Trust Level 5.
- F. Homeland Security Presidential Directive (HSPD)-12.** The Contractor (and/or any subcontractor) and its employees shall comply with Homeland Security Presidential Directive (HSPD)-12, *Policy for a Common Identification Standard for Federal Employees and Contractors*; OMB M-05-24; FIPS 201, *Personal Identity Verification (PIV) of Federal Employees and Contractors*; HHS HSPD-12 policy; and *Executive Order 13467, Part 1 §1.2*.
- Roster.** The Contractor (and/or any subcontractor) shall submit a roster by name, position, e-mail address, phone number and responsibility, of all staff working under this acquisition where the Contractor will develop, have the ability to access, or host and/or maintain a government information system(s). The roster shall be submitted to the COR and/or CO within 7 days of the effective date of this contract. Any revisions to the roster as a result of staffing changes shall be submitted within 7 days of the change. The COR will notify the Contractor of the appropriate level of investigation required for each staff member.
- If the employee is filling a new position, the Contractor shall provide a position description and the Government will determine the appropriate suitability level.
- G. Contract Initiation and Expiration**
- 1) **General Security Requirements.** The Contractor (and/or any subcontractor) shall comply with information security and privacy requirements, Enterprise Performance Life Cycle (EPLC) processes, HHS Enterprise Architecture requirements to ensure information is appropriately protected from initiation to expiration of the contract. All information systems development or enhancement tasks supported by the contractor shall follow the HHS EPLC framework and methodology and in accordance with the HHS Contract Closeout Guide (2012).
 - 2) **System Documentation.** Contractors (and/or any subcontractors) must follow and adhere to NIST SP 800-64, *Security Considerations in the System Development Life Cycle*, at a minimum, for system development and provide system documentation at designated intervals (specifically, at the expiration of the contract) within the EPLC that require artifact review and approval.
 - 3) **Sanitization of Government Files and Information.** As part of contract closeout and at expiration of the contract, the Contractor (and/or any subcontractor) shall provide all required documentation to the CO and/or COR to certify that, at the government's direction, all electronic and paper records are appropriately disposed of and all devices and media are sanitized in accordance with NIST SP 800-88, *Guidelines for Media Sanitization*.
 - 4) **Notification.** The Contractor (and/or any subcontractor) shall notify the CO and/or COR and system ISSO within 7 days before an employee stops working under this contract.
 - 5) **Contractor Responsibilities Upon Physical Completion of the Contract.** The contractor (and/or any subcontractors) shall return all government information and IT resources (i.e., government information

- in non-government-owned systems, media, and backup systems) acquired during the term of this contract to the CO and/or COR. Additionally, the Contractor shall provide a certification that all government information has been properly sanitized and purged from Contractor-owned systems, including backup systems and media used during contract performance, in accordance with HHS and/or CDC policies.
- 6) The Contractor (and/or any subcontractor) shall perform and document the actions identified in the CDC Contractor Employee Separation Checklist when an employee terminates work under this contract within 1 day of the employee's exit from the contract. All documentation shall be made available to the CO and/or COR upon request.

H. Records Management and Retention. The Contractor (and/or any subcontractor) shall maintain all information in accordance with Executive Order 13556 -- Controlled Unclassified Information, National Archives and Records Administration (NARA) records retention policies and schedules and HHS/CDC policies and shall not dispose of any records unless authorized by HHS/CDC. In the event that a contractor (and/or any subcontractor) accidentally disposes of or destroys a record without proper authorization, it shall be documented and reported as an incident in accordance with HHS/CDC policies.

X. HHSAR 352.239-74: Electronic and Information Technology Accessibility Notice

a) Pursuant to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998, all electronic and information technology (EIT) supplies and services developed, acquired, or maintained under this contract or order must comply with the "Architectural and Transportation Barriers Compliance Board Electronic and Information Technology (EIT) Accessibility Standards" set forth by the Architectural and Transportation Barriers Compliance Board (also referred to as the "Access Board") in 36 CFR part 1194. Information about Section 508 is available at <http://www.hhs.gov/web/508>. The complete text of Section 508 Final Provisions can be accessed at <http://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-section-508-standards>.

(b) The Section 508 accessibility standards applicable to this contract or order are identified in the Statement of Work or Specification or Performance Work Statement. The contractor must provide any necessary updates to the submitted HHS Product Assessment Template(s) at the end of each contract or order exceeding the simplified acquisition threshold (see [FAR 2.101](#)) when the contract or order duration is one year or less. If it is determined by the Government that EIT supplies and services provided by the Contractor do not conform to the described accessibility standards in the contract, remediation of the supplies or services to the level of conformance specified in the contract will be the responsibility of the Contractor at its own expense.

(c) The Section 508 accessibility standards applicable to this contract are:

- 205 WCAG 2.0 Level A & AA Success Criteria
- 302 Functional Performance Criteria
- 502 Inoperability with Assistive Technology
- 503 Applications
- 504 Authoring Tools
- 602 Support Documentation
- 603 Support Services

(d) In the event of a modification(s) to this contract or order, which adds new EIT supplies or services or revises the type of, or specifications for, supplies or services, the Contracting Officer may require that the contractor submit a completed HHS Section 508 Product Assessment Template and any other additional information necessary to assist the Government in determining that the EIT supplies or services conform to Section 508 accessibility standards. Instructions for documenting accessibility via the HHS Section 508 Product Assessment Template may be found under Section 508 policy on the HHS website: (<http://www.hhs.gov/web/508>). If it is determined by the Government that EIT supplies and services

provided by the Contractor do not conform to the described accessibility standards in the contract, remediation of the supplies or services to the level of conformance specified in the contract will be the responsibility of the Contractor at its own expense.

(e) If this is an Indefinite Delivery contract, a Blanket Purchase Agreement or a Basic Ordering Agreement, the task/delivery order requests that include EIT supplies or services will define the specifications and accessibility standards for the order. In those cases, the Contractor may be required to provide a completed HHS Section 508 Product Assessment Template and any other additional information necessary to assist the Government in determining that the EIT supplies or services conform to Section 508 accessibility standards. Instructions for documenting accessibility via the HHS Section 508 Product Assessment Template may be found at <http://www.hhs.gov/web/508>. If it is determined by the Government that EIT supplies and services provided by the Contractor do not conform to the described accessibility standards in the provided documentation, remediation of the supplies or services to the level of conformance specified in the contract will be the responsibility of the Contractor at its own expense.

(End of clause)

XI. Schedule of Milestones for Performance-Based Payments

In accordance with **FAR 52.232.32, Performance Based Payments (April 2012)**, upon successful completion of an event, the contractor may request performance based payments. The determination of eligibility for receipt of payment will be made by the Contracting Officer upon written certification from the COR that the performance milestone has been met. It is anticipated that each milestone payment will approximate the estimated timeline listed below but variation is anticipated and eligibility for payment could occur sooner or later depending upon the time of completion of the designated milestone. Milestone payments are subject to the terms of FAR 52.232-32 incorporated in Section I of this contract.

(Base Year Period of Performance 09/29/2020 – 09/28/2021)

APPLIES TO CLIN 0001 ONLY

Deliverable	Percentage	Dollar Amount
Kickoff report	(b)(4)	
Communication Plan		
Digital media activity report		
Digital media plans		
Dissemination Plans		
Graphic elements		
HCP outreach activity report		
HCP outreach plans		
Media outreach activity report		
Media outreach plans		
Partnership activity report		
Partnership plans		
Planned activity list		
Product Development Plan		
Audience research activity Report		

Research methods and instruments list	
Research Plan	
Social media content and graphics activity	
Social media listening activity report	
Social media metrics & analytics	
Social media recommendations	
Social media strategic plans	
Staff recruitment plan	
Usability reports	
Usability research plans	
Web-based application development plans	
Web-based application progress report	
Web-based application testing report	
Webinar plans	
Webinar report	
Website analysis	
Website recommendations	
Website re-design report	
Total	

(b)(4)

***This Payment Milestone Schedule is only for the base period. All other payment milestone schedules will be incorporated if the option period is exercised.

CLAUSES

In addition to the GSA schedule contract clauses, the following clauses are incorporated:

52.217-8 Option to Extend Services (Nov 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days.

(End of Clause)

52.217-9 Option to Extend the Term of the Contract (Mar 2000)

- (a) The Government may extend the term of this contract by written notice to the Contractor within 30 days; provided, that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.
- (b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
- (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 60 months.

(End of Clause)

CDC42.0002 Evaluation of Contractor Performance Utilizing CPARS (Apr 2015)

In accordance with FAR 42.15, the Centers for Disease Control and Prevention (CDC) will review and evaluate contract performance. FAR 42.1502 and 42.1503 requires agencies to prepare evaluations of contractor performance and submit them to the Past Performance Information Retrieval System (PPIRS). The CDC utilizes the Department of Defense (DOD) web-based Contractor Performance Assessment Reporting System (CPARS) to prepare and report these contractor performance evaluations. All information contained in these assessments may be used by the Government, within the limitations of FAR 42.15, for future source selections in accordance with FAR 15.304 where past performance is an evaluation factor.

The CPARS system requires a contractor representative to be assigned so that the contractor has appropriate input into the performance evaluation process. The CPARS contractor representative will be given access to CPARS and will be given the opportunity to concur or not-concur with performance evaluations before the evaluations are complete. The CPARS contractor representative will also have the opportunity to add comments to performance evaluations.

The assessment is not subject to the Disputes clause of the contract, nor is it subject to appeal beyond the review and comment procedures described in the guides on the CPARS website. Refer to: www.cpars.gov for details and additional information related to CPARS, CPARS user access, how contract performance assessments are conducted, and how Contractors participate. Access and training for all persons responsible for the preparation and review of performance assessments is also available at the CPARS website.

The contractor must provide the CDC contracting office with the name, e-mail address, and phone number of their designated CPARS representative who will be responsible for logging into CPARS and reviewing and commenting on performance evaluations. The contractor must maintain a current representative to serve as the contractor representative in CPARS. It is the contractor's responsibility to notify the CDC contracting office, in writing (letter or email), when their CPARS representative information needs to be changed or updated. Failure to maintain current CPARS contractor representative information will result in the loss of an opportunity to review and comment on performance evaluations.

(End of Clause)

CDC0_H049 Non-Disclosure Agreement for Contractor and Contractor Employees (Jun 2020)

- (a) The contractor and contractor employees shall prepare and submit Non-Disclosure Agreements (NDA) to the Contracting Officer prior to access of government information or the commencement of work at CDC.
- (b) The NDAs, at Exhibit I and II, are required in service contracts where contractor's employees will have access to non-public and procurement-sensitive information while performing functions in support of the Government. The NDA also requires contractor's employees properly identify themselves as employees of a contractor when communicating or interacting with CDC employees, employees of other governmental entities, and members of the public (when communication or interaction relates to the contractor's work with the CDC). The Federal Acquisition Regulation (FAR) 37.114 (c), states "All contractor personnel attending meetings, answering Government telephones, and working in other situations where their contractor status is not obvious to third parties are required to identify themselves as such to avoid creating an impression in the minds of members of the public or Congress that they are Government officials, unless, in the judgment of the agency, no harm can come from failing to identify themselves. They must also ensure that all documents or reports produced by contractors are suitably marked as contractor products or that contractor participation is appropriately disclosed."
- (c) The contractor shall inform contractor employees of the identification requirements by which they must abide and monitor employee compliance with the identification requirements.
- (d) During the contract performance period, the contractor is responsible to ensure that all additional or replacement contractors' employees sign an NDA and it is submitted to the Contracting Officer prior to commencement of their work with the CDC.
- (e) Contractor employees in designated positions or functions that have not signed the appropriate NDA shall not have access to any non-public, procurement sensitive information or participate in government meetings where sensitive information may be discussed.
- (f) The Contractor shall prepare and maintain a current list of employees working under NDAs and submit to the Contracting Officer upon request during the contract period of performance. The list should at a minimum include: contract number, employee's name, position, date of hire and NDA requirement.

(End of Clause)

CDC37.0001 Non-Personal Services (Apr 2015)

- (a) Personal services shall not be performed under this contract. Although the Government may provide sporadic or occasional instructions within the scope of the contract, the Contractor is responsible for control and supervision of its employees. If the Contractor (including its employees) believes any Government action or communication has been given that would create a personal services relationship between the Government and any Contractor employee, the Contractor shall promptly notify the Contracting Officer of this communication or action.
- (b) The contractor shall comply with, and ensure their employees and subcontractors comply with, CDC Policy titled "Identification of Contractors' Employees and Safeguarding Government Information." No Contractor employee shall hold him or herself out to be a Government employee, agent, or representative. No Contractor employee shall state orally or in writing at any time that he or she is acting on behalf of the Government. In all communications with third parties in connection with this contract, Contractor employees shall identify themselves as Contractor employees and specify the name of the company for which they work. . The contractor is limited to performing the services identified in the contract statement of work and shall not interpret any communication with anyone as a permissible change in contract scope or as authorization to perform work not described in the contract. All contract changes will be incorporated by a modification signed by the Contracting Officer.

(c) The Contractor shall ensure that all of its employees and subcontractor employees working on this contract are informed of the substance of this clause. The Contractor agrees that this is a non-personal services contract; and that for all the purposes of the contract, the Contractor is not, nor shall it hold itself out to be an agent or partner of, or joint venture with, the Government. The Contractor shall notify its employees that they shall neither supervise nor accept supervision from Government employees. The substance of this clause shall be included in all subcontracts at any tier.

(d) Nothing in this clause shall limit the Government's rights in any way under any other provision of the contract, including those related to the Government's right to inspect and accept or reject the services performed under this contract.

(End of Clause)

CDC0_G018 Payment by Electronic Funds Transfer (Feb 2018)

(a) The Government shall use electronic funds transfer to the maximum extent possible when making payments under this contract. FAR 52.232-33, Payment by Electronic Funds Transfer –System for Award Management, in Section I, requires the contractor to designate in writing a financial institution for receipt of electronic funds transfer payments.

(b) In the case that EFT information is not within the System of Award Management, FAR 52.232-34 requires mandatory submission of Contractor's EFT information directly to the office designated in this contract to receive that information (hereafter: "designated office"); see below. The contractor shall submit the EFT information within the form titled "ACH Vendor/Miscellaneous Payment Enrollment Form" to the address indicated below. Note: The form is either attached to this contract (see Section J, List of Attachments) or may be obtained by contacting the Contracting Officer or the CDC Office of Financial Resources at 678-475-4510.

(c) In cases where the contractor has previously provided such information, i.e., pursuant to a prior contract/order, and been enrolled in the program, the form is not required unless the designated financial institution has changed.

(d) The completed form shall be mailed after award, but no later than 14 calendar days before an invoice is submitted, to the following address:

The Centers for Disease Control and Prevention Office of Financial Resources (OFR)

P.O. Box 15580 Atlanta, GA 30333

Or – Fax copy to: 404-638-5342

(End of Clause)

CDCA_G001 – Invoice Submission (Jul 2017)

(a) The Contractor shall submit the original contract invoice/voucher to the address shown below:

The Centers for Disease Control and Prevention Office of Financial Resources (OFR)

P.O. Box 15580

Atlanta, GA 30333

Or – The Contractor may submit the original invoice via facsimile or email:

Fax: 404-638-5324

Email: FMOAPINV@CDC.GOV

NOTE: Submit to only one (1) of the above locations.

(b) The contractor shall submit 2 copies of the invoice to the cognizant contracting office previously identified in this contract. These invoice copies shall be addressed to the attention of the Contracting Officer.

(c) The Contractor is required to submit a copy of each invoice directly to the Contracting Officer's Representative (COR) concurrently with submission to the Contracting Officer.

(d) In accordance with 5 CFR part 1315 (Prompt Payment), CDC's Office of Financial Resources is the designated billing office for the purpose of determining the payment due date under FAR 32.904.

(e) The Contractor shall include (as a minimum) the following information on each invoice:

(1) Contractor's Name & Address

(2) Contractor's Tax Identification Number (TIN)

(3) Purchase Order/Contract Number and Task Order Number, if Appropriate

(4) Invoice Number

(5) Invoice Date

(6) Contract Line Item Number and Description of Item

(7) Quantity

(8) Unit Price & Extended Amount for each line item

(9) Shipping and Payment Terms

(10) Total Amount of Invoice

(11) Name, title and telephone number of person to be notified in the event of a defective invoice

(12) Payment Address, if different from the information in (c)(1).

(13) DUNS + 4 Number

(14) Electronic funds transfer (EFT) banking information

(End of Clause)

352.211-3 Paperwork Reduction Act.

As prescribed in HHSAR 311.7301, the Contracting Officer shall insert the following clause:
Paperwork Reduction Act (December 18, 2015)

(a) This contract involves a requirement to collect or record information calling either for answers to identical questions from 10 or more persons other than Federal employees, or information from Federal employees which is outside the scope of their employment, for use by the Federal government or disclosure to third parties; therefore, the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) shall apply to this contract. No plan, questionnaire, interview guide or other similar device for collecting information (whether repetitive or single time) may be used without the Office of Management and Budget (OMB) first providing clearance. Contractors and the Contracting Officer's Representative shall be guided by the provisions of 5 CFR part 1320, Controlling Paperwork Burdens on the Public, and seek the advice of the HHS operating division or Office of the Secretary Reports Clearance Officer to determine the procedures for acquiring OMB clearance.

(b) The Contractor shall not expend any funds or begin any data collection until the Contracting Officer provides the Contractor with written notification authorizing the expenditure of funds and the collection of data. The Contractor shall allow at least 120 days for OMB clearance. The Contracting Officer will consider excessive delays caused by

the Government which arise out of causes beyond the control and without the fault or negligence of the Contractor in accordance with the Excusable Delays or Default clause of this contract.

(End of clause)

CDCA_H040 Government Property (Jul 2017)

(a) Government-Furnished Property (GFP). In accordance with the terms of FAR 52.245-1, Government Property, the Government reserves the right to supply the Contractor, as Government-furnished property, any additional supplies, equipment, and materials determined by the Contracting Officer to be necessary and in the best interest of the Government.

(b) Contractor-Acquire Property (CAP). The Contractor must receive written consent from the Contracting Officer prior to purchase of any CAP not expressly identified in the contract, and as defined in FAR 52.245-1.

(c) Accountable and Sensitive Government Property. The Government will provide property labels and other identification for contractor-acquired Government property that is considered Accountable as defined in the HHS Logistics Management Manual (LMM) <https://intranet.hhs.gov/about/hs/manuals/lmm/index.html> or considered Sensitive as defined in CDC's Sensitive Items List (<http://intranet.cdc.gov/ofr/documents/contracts/Authorized-Prohibited-List.pdf>)

(d) The contractor shall be responsible for the control and accountable record keeping of any Government property used in the performance of this contract predominately outside the confines of a Government controlled workspace in accordance with the HHS Contracting Guide found on the OSSAM Government Property and Contractors Property intranet page. (<http://intranet.cdc.gov/ossam/property-shipping-receiving/property-management/government-property-contractors/index.html>)

(e) The Chief of the Office of Safety, Security and Asset Management (OSSAM), Asset Management Services Office, Centers for Disease Control and Prevention (CDC), is hereby designated as the Property Administrator for this contract. The Contractor shall identify each item of equipment furnished by the Government to the Contractor or acquired by the Contractor using contract funds, with a suitable decal, tag, or other marking, as prescribed by the Property Administrator, and shall follow the guidance set forth in the HHS Contracting Guide.

(End of Clause)

52.204-25 Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment (Aug 2020)

(a) *Definitions.* As used in this clause—

Backhaul means intermediate links between the core network, or backbone network, and the small subnetworks at the edge of the network (e.g., connecting cell phones/towers to the core telephone network). Backhaul can be wireless (e.g., microwave) or wired (e.g., fiber optic, coaxial cable, Ethernet).

Covered foreign country means The People's Republic of China.

Covered telecommunications equipment or services means—

(1) Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities);

(2) For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);

(3) Telecommunications or video surveillance services provided by such entities or using such equipment; or

(4) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal

Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

Critical technology means—

(1) Defense articles or defense services included on the United States Munitions List set forth in the International Traffic in Arms Regulations under subchapter M of chapter I of title 22, Code of Federal Regulations;

(2) Items included on the Commerce Control List set forth in Supplement No. 1 to part 774 of the Export Administration Regulations under subchapter C of chapter VII of title 15, Code of Federal Regulations, and controlled—

(i) Pursuant to multilateral regimes, including for reasons relating to national security, chemical and biological weapons proliferation, nuclear nonproliferation, or missile technology; or

(ii) For reasons relating to regional stability or surreptitious listening;

(3) Specially designed and prepared nuclear equipment, parts and components, materials, software, and technology covered by part 810 of title 10, Code of Federal Regulations (relating to assistance to foreign atomic energy activities);

(4) Nuclear facilities, equipment, and material covered by part 110 of title 10, Code of Federal Regulations (relating to export and import of nuclear equipment and material);

(5) Select agents and toxins covered by part 331 of title 7, Code of Federal Regulations, part 121 of title 9 of such Code, or part 73 of title 42 of such Code; or

(6) Emerging and foundational technologies controlled pursuant to section 1758 of the Export Control Reform Act of 2018 (50 U.S.C. 4817).

Interconnection arrangements means arrangements governing the physical connection of two or more networks to allow the use of another's network to hand off traffic where it is ultimately delivered (*e.g.*, connection of a customer of telephone provider A to a customer of telephone company B) or sharing data and other information resources.

Reasonable inquiry means an inquiry designed to uncover any information in the entity's possession about the identity of the producer or provider of covered telecommunications equipment or services used by the entity that excludes the need to include an internal or third-party audit.

Roaming means cellular communications services (*e.g.*, voice, video, data) received from a visited network when unable to connect to the facilities of the home network either because signal coverage is too weak or because traffic is too high.

Substantial or essential component means any component necessary for the proper function or performance of a piece of equipment, system, or service.

(b) *Prohibition.*

(1) Section 889(a)(1)(A) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Pub. L. 115-232) prohibits the head of an executive agency on or after August 13, 2019, from procuring or obtaining, or extending or renewing a contract to procure or obtain, any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. The Contractor is prohibited from providing to the Government any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system, unless an exception at paragraph (c) of this clause applies or the covered telecommunication equipment or services are covered by a waiver described in FAR [4.2104](#).

(2) Section 889(a)(1)(B) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Pub. L. 115-232) prohibits the head of an executive agency on or after August 13, 2020, from entering into a contract, or extending or renewing a contract, with an entity that uses any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system, unless an exception at paragraph (c) of this clause applies or the covered telecommunication equipment or services are covered by a waiver described in FAR 4.2104. This prohibition applies to the use of covered telecommunications equipment or services, regardless of whether that use is in performance of work under a Federal contract.

(c) *Exceptions.* This clause does not prohibit contractors from providing—

(1) A service that connects to the facilities of a third-party, such as backhaul, roaming, or interconnection arrangements; or

(2) Telecommunications equipment that cannot route or redirect user data traffic or permit visibility into any user data or packets that such equipment transmits or otherwise handles.

(d) Reporting requirement.

(1) In the event the Contractor identifies covered telecommunications equipment or services used as a substantial or essential component of any system, or as critical technology as part of any system, during contract performance, or the Contractor is notified of such by a subcontractor at any tier or by any other source, the Contractor shall report the information in paragraph (d)(2) of this clause to the Contracting Officer, unless elsewhere in this contract are established procedures for reporting the information; in the case of the Department of Defense, the Contractor shall report to the website at <https://dibnet.dod.mil>. For indefinite delivery contracts, the Contractor shall report to the Contracting Officer for the indefinite delivery contract and the Contracting Officer(s) for any affected order or, in the case of the Department of Defense, identify both the indefinite delivery contract and any affected orders in the report provided at <https://dibnet.dod.mil>.

(2) The Contractor shall report the following information pursuant to paragraph (d)(1) of this clause

(i) Within one business day from the date of such identification or notification: the contract number; the order number(s), if applicable; supplier name; supplier unique entity identifier (if known); supplier Commercial and Government Entity (CAGE) code (if known); brand; model number (original equipment manufacturer number, manufacturer part number, or wholesaler number); item description; and any readily available information about mitigation actions undertaken or recommended.

(ii) Within 10 business days of submitting the information in paragraph (d)(2)(i) of this clause: any further available information about mitigation actions undertaken or recommended. In addition, the Contractor shall describe the efforts it undertook to prevent use or submission of covered telecommunications equipment or services, and any additional efforts that will be incorporated to prevent future use or submission of covered telecommunications equipment or services.

(c) *Subcontracts.* The Contractor shall insert the substance of this clause, including this paragraph (e) and excluding paragraph (b)(2), in all subcontracts and other contractual instruments, including subcontracts for the acquisition of commercial items.

(End of clause)

352.203-70 Anti-Lobbying (December 2015)

Pursuant to the HHS annual appropriations acts, except for normal and recognized executive-legislative relationships, the Contractor shall not use any HHS contract funds for:

(a) Publicity or propaganda purposes;

(b) The preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any state or local legislature itself; or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government itself; or

(c) Payment of salary or expenses of the Contractor, or any agent acting for the Contractor, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government.

(d) The prohibitions in subsections (a), (b), and (c) above shall include any activity to advocate or promote any proposed, pending, or future federal, state, or local tax increase, or any proposed, pending, or future requirement for, or restriction on, any legal consumer product, including its sale or marketing, including, but not limited to, the advocacy or promotion of gun control.

(End of clause)

352.222-70 Contractor Cooperation in Equal Employment Opportunity Investigations (December 2015)

(a) In addition to complying with the clause at FAR 52.222-26, Equal Opportunity, the Contractor shall, in good faith, cooperate with the Department of Health and Human Services (Agency) in investigations of Equal Employment Opportunity (EEO) complaints processed pursuant to 29 CFR part 1614. For purposes of this clause, the following definitions apply:

(1) Complaint means a formal or informal complaint that has been lodged with Agency management, Agency EEO officials, the Equal Employment Opportunity Commission (EEOC), or a court of competent jurisdiction.

(2) Contractor employee means all current Contractor employees who work or worked under this contract. The term also includes current employees of subcontractors who work or worked under this contract. In the case of Contractor and subcontractor employees, who worked under this contract, but who are no longer employed by the Contractor or subcontractor, or who have been assigned to another entity within the Contractor's or subcontractor's organization, the Contractor shall provide the Agency with that employee's last known mailing address, e-mail address, and telephone number, if that employee has been identified as a witness in an EEO complaint or investigation.

(3) Good faith cooperation cited in paragraph (a) includes, but is not limited to, making Contractor employees available for:

(i) Formal and informal interviews by EEO counselors or other Agency officials processing EEO complaints;

(ii) Formal or informal interviews by EEO investigators charged with investigating complaints of unlawful discrimination filed by Federal employees;

(iii) Reviewing and signing appropriate affidavits or declarations summarizing statements provided by such Contractor employees during the course of EEO investigations;

(iv) Producing documents requested by EEO counselors, EEO investigators, Agency employees, or the EEOC in connection with a pending EEO complaint; and

(v) Preparing for and providing testimony in depositions or in hearings before the MSPB, EEOC and U.S. District Court.

(b) The Contractor shall include the provisions of this clause in all subcontract solicitations and subcontracts awarded at any tier under this contract.

(c) Failure on the part of the Contractor or its subcontractors to comply with the terms of this clause may be grounds for the Contracting Officer to terminate this contract for default.

(End of clause)

352.227-70 Publications and Publicity (December 2015)

(a) Unless otherwise specified in this contract, the Contractor may publish the results of its work under this contract. The Contractor shall promptly send a copy of each article submitted for publication to the Contracting Officer's Representative. The Contractor shall also inform the Contracting Officer's Representative when the article or other publication is published, and furnish a copy of it as finally published.

(b) Unless authorized in writing by the Contracting Officer, the Contractor shall not display the HHS logo including Operating Division or Staff Division logos on any publications.

(c) The Contractor shall not reference the product(s) or service(s) awarded under this contract in commercial advertising, as defined in [FAR 31.205-1](#), in any manner which states or implies HHS approval or endorsement of the product(s) or service(s) provided.

(d) The contractor shall include this clause, including this section (d) in all subcontracts where the subcontractor may propose publishing the results of its work under the subcontract.

(End of clause)

352.233-71 Litigation and Claims (December 2015)

- (a) The Contractor shall provide written notification immediately to the Contracting Officer of any action, including any proceeding before an administrative agency, filed against the Contractor arising out of the performance of this contract, including, but not limited to the performance of any subcontract hereunder; and any claim against the Contractor the cost and expense of which is allowable under the clause entitled "Allowable Cost and Payment."
- (b) Except as otherwise directed by the Contracting Officer, the Contractor shall furnish immediately to the Contracting Officer copies of all pertinent documents received by the Contractor with respect to such action or claim. To the extent not in conflict with any applicable policy of insurance, the Contractor may, with the Contracting Officer's approval, settle any such action or claim. If required by the Contracting Officer, the Contractor shall effect an assignment and subrogation in favor of the Government of all the Contractor's rights and claims (except those against the Government) arising out of any such action or claim against the Contractor; and authorize representatives of the Government to settle or defend any such action or claim and to represent the Contractor in, or to take charge of, any action.
- (c) If the Government undertakes a settlement or defense of an action or claim, the Contractor shall furnish all reasonable assistance in effecting a settlement or asserting a defense. Where an action against the Contractor is not covered by a policy of insurance, the Contractor shall, with the approval of the Contracting Officer, proceed with the defense of the action in good faith. The Government shall not be liable for the expense of defending any action or for any costs resulting from the loss thereof to the extent that the Contractor would have been compensated by insurance which was required by other terms or conditions of this contract, by law or regulation, or by written direction of the Contracting Officer, but which the Contractor failed to secure through its own fault or negligence. In any event, unless otherwise expressly provided in this contract, the Government shall not reimburse or indemnify the Contractor for any liability loss, cost, or expense, which the Contractor may incur or be subject to by reason of any loss, injury or damage, to the person or to real or personal property of any third parties as may accrue during, or arise from, the performance of this contract.

(End of clause)

CDC0_G008 Contracting Officer's Representative (COR) (Jul 2017)

Performance of the work hereunder shall be subject to the technical directions of the designated COR for this contract.

As used herein, technical directions are directions to the Contractor which fill in details, suggests possible lines of inquiry, or otherwise completes the general scope of work set forth herein. These technical directions must be within the general scope of work, and may not alter the scope of work or cause changes of such a nature as to justify an adjustment in the stated contract price/cost, or any stated limitation thereof.

In the event that the Contractor believes full implementation of any of these directions may exceed the scope of the contract, he or she shall notify the originator of the technical direction and the Contracting Officer, immediately or as soon as possible, in a letter or e-mail separate of any required report(s). No technical direction, nor its fulfillment, shall alter or abrogate the rights and obligations fixed in this contract.

The Government COR is not authorized to change any of the terms and conditions of this contract. Contract changes shall be made only by the Contracting Officer by properly written modification(s) to the contract.

The Government will provide the Contractor with a copy of the COR delegation memorandum upon request.

EXHIBIT I

Centers for Disease Control and Prevention (CDC) Contractor Non-Disclosure Agreement

I. Non-public Information

[Name of contractor] understands that in order to fulfill the responsibilities pursuant to [Contract name and number] between the Centers for Disease Control and Prevention and [Name of CDC contractor] dated [date], employees of [contractor] will have access to non-public information, including confidential and privileged information contained in government-owned information technology systems. For purposes of this agreement, confidential information means government information that is not or will not be generally available to the public. Privileged information means information which cannot be disclosed without the prior written consent of the CDC.

In order to properly safeguard non-public information, [contractor] agrees to ensure that prior to being granted access to government information or the commencement of work for the CDC, whichever is applicable, all employees will sign a Non-Disclosure Agreement (NDA) provided by the CDC prior to beginning work for the CDC. Contractor agrees to submit to the contracting official the original signed copies of NDAs signed by the contractor's employees in accordance with the instructions provided by the contracting official. Failure to provide signed NDAs in accordance with this agreement and instructions provided by the contracting official could delay or prevent the employee from commencing or continuing work at the CDC until such agreement is signed and returned to the contracting official.

Contractor further agrees that it will not cause or encourage any employee to disclose, publish, divulge, release, or make known in any manner or to any extent, to any individual other than an authorized Government employee any non-public information that the employee may obtain in connection with the performance of the employee's responsibilities to the CDC.

II. Procurement-Sensitive Information

Contractor further agrees that it will not cause or encourage any employee to disclose, publish, divulge, release, or make known in any manner or to any extent, to any individual, other than an authorized Government employee, any procurement-sensitive information gained while in connection with fulfilling the employee's responsibilities at the CDC. For purposes of this agreement, procurement-sensitive information includes, but is not limited to, all information in Statements of Work (SOW), Requests for Contract (RFC), and Requests for Proposal (RFP); Responses to RFPs, including questions from potential offerors; non-public information regarding procurements; all documents, conversations, discussions, data, correspondence, electronic mail (e-mail), presentations, or any other written or verbal communications relating to, concerning, or affecting proposed or pending solicitations or awards; procurement data; contract information plans; strategies; source selection information and documentation; offerors' identities; technical and cost data; the identity of government personnel involved in the solicitation; the schedule of key technical and procurement events in the award determination process; and any other information that may provide an unfair competitive advantage to a contractor or potential contractor if improperly disclosed to them, or any of their employees.

Contractor understands and agrees that employee access to any procurement-sensitive information may create a conflict of interest which will preclude contractor from becoming a competitor for any acquisition(s) resulting from this information. Therefore, if an employee participates in any discussions relating to procurement-sensitive information, assists in developing any procurement-sensitive information, or otherwise obtains any procurement-sensitive information during the course of performing duties at the CDC, contractor understands and agrees that contractor may be excluded from competing for any acquisition(s) resulting from this information.

III. Identification of Non-Government Employees

Contractor understands that its employees are not agents of the Government. Therefore, unless otherwise directed in writing by the CDC, contractor agrees to assist and monitor employee compliance with the following identification procedures:

- A. At the beginning of interactions with CDC employees, employees of other governmental entities, members of the public, or the media (when such communication or interaction relates to the contractor's work with the CDC), contractors' employees will identify themselves as an employee of a contractor.
- B. Contractors' employees will include the following disclosures in all written communications, including outgoing electronic mail (e-mail) messages, in connection with contractual duties to the CDC:
 - Employee's name*
 - Name of contractor*
 - Center or office affiliation*
 - Centers for Disease Control and Prevention
- C. At the beginning of telephone conversations or conference calls, contractors' employees will identify themselves as an employee of a contractor.
- D. Contractors should not wear any CDC logo on clothing, except for a CDC issued security badge while carrying out work for CDC or on CDC premises. The only other exception is when a CDC management official has granted permission to use the CDC logo.
- E. Contractors' employees will program CDC voice mail message to identify themselves as an employee of a contractor.

I understand that federal laws including, 18 U.S.C. 641 and 18 U.S.C. 2071, provide criminal penalties for, among other things, unlawfully removing, destroying or converting to personal use, or use of another, any public records. Contractor acknowledges that contractor has read and fully understands this agreement.

Name of contractor: _____

Signature of Authorized Representative of Contractor: _____

Date: _____

Copies retained by: contracting official and contractor

EXHIBIT II

Centers for Disease Control and Prevention (CDC) Contractors' Employee Non-Disclosure Agreement

I. Non-Public Information

I understand that in order to fulfill my responsibilities as an employee of [Name of CDC contractor], I will have access to non-public information, including confidential and privileged information contained in government-owned information technology systems. For purposes of this agreement, confidential information means government information that is not or will not be generally available to the public. Privileged information means information which cannot be disclosed without the prior written consent of the CDC.

I [Name of Employee], agree to use non-public information only in performance of my responsibilities to the CDC. I agree further that I will not disclose, publish, divulge, release, or make known in any manner or to any extent, to any individual other than an authorized Government employee, any non-public information that I may obtain in connection with the performance of my responsibilities to the CDC.

II. Procurement-Sensitive Information

I further agree that unless I have prior written permission from the CDC, I will not disclose, publish, divulge, release, or make known in any manner or to any extent, to any individual other than an authorized Government employee, any procurement-sensitive information gained in connection with the performance of my responsibilities to the CDC. I specifically agree not to disclose any non-public, procurement-sensitive information to employees of my company or any other organization unless so authorized in writing by the CDC. For purposes of this agreement, procurement-sensitive information includes, but is not limited to, all information in Statements of Work (SOW), Requests for Contract (RFC), and Requests for Proposal (RFP); Responses to RFPs, including questions from potential offerors; non-public information regarding procurements; all documents, conversations, discussions, data, correspondence, electronic mail (e-mail), presentations, or any other written or verbal communications relating to, concerning, or affecting proposed or pending solicitations or awards; procurement data; contract information plans; strategies; source selection information and documentation; offerors' identities; technical and cost data; the identity of government personnel involved in the acquisition; the schedule of key technical and procurement events in the award determination process; and any other information that may provide an unfair competitive advantage to a contractor or potential contractor if improperly disclosed to them, or any of their employees.

I understand and agree that my access to any procurement-sensitive information may create a conflict of interest which will preclude me, my current employer, or a future employer from becoming a competitor for any resulting government acquisition derived from this information. Therefore, if I participate in any discussions relating to procurement-sensitive information, assist in developing any procurement-sensitive information, or otherwise obtain any procurement-sensitive information during the course of performing my duties at the CDC, I understand and agree that I, my current employer, and any future employer(s) may be excluded from competing for any resulting acquisitions.

III. Special Non-Disclosure Clause for Contractors with Access to CDC Grants Management and Procurement-Related Information Technology Systems

In addition to complying with the non-disclosure requirements and safeguards stated above, I understand that my authorization to use CDC's grants management and procurement systems is strictly limited to the access and functions necessary for the performance of my responsibilities to the CDC and which have been approved in advance by the CDC. I understand that I am not authorized to enter procurement requests for any requirements pertaining to contracts or subcontracts held by me or my employer.

IV. Identification as a Non-Government Employee

I understand that as an employee of a government contractor, I represent an independent organization and I am not an agent of the Government. Therefore, I agree that unless I have prior written authorization from the CDC, I will, at the beginning of interactions with CDC employees, employees of other governmental entities, members of the public, or the media (when such communication or interaction relates to the contractor's work with the CDC), identify myself as an employee of a contractor. I further agree to use the following identification procedures in connection with my work at the CDC:

A. I will include the following disclosures in all written communications, including outgoing electronic mail (e-mail) messages:

Employee's name
Name of contractor
Center or office Affiliation
Centers for Disease Control and Prevention

B. I will identify myself as an employee of a contractor at the beginning of telephone conversations or conference calls;

C. I will not wear any CDC logo on clothing, except for a CDC issued security badge while carrying out work for CDC or on CDC premises; the only other exception is when a CDC management official has granted permission to use the CDC logo.

D. I will program my CDC voice mail message to identify myself as a contractors' employee.

I understand that federal laws including, 18 U.S.C. 641 and 18 U.S.C. 2071, provide criminal penalties for, among other things, unlawfully removing, destroying or converting to personal use, or use of another, any public records. I acknowledge that I have read and fully understand this agreement.

Name of contractor: _____

Name of Employee: _____

Signature of Employee: _____

Date: _____

Copies retained by: contracting official, contractor, and Employee

(End of Clause)

(b)(3):41 U.S.C. § 253b(m)(1)

CDC Flu NFID Matte Release
Cleared for Spanish Translation
Final: September 26, 2022

Parents, flu season is around the corner

The weather is beginning to cool, leaves are changing, and soon children will be carving pumpkins and picking out their Halloween costumes. However, fall also usually brings flu season, a time when kids are more likely to get sick with flu. That's why it's important to get children a flu vaccine and help them fight flu, so they can do what they do — like having fun with friends!

Is your family ready to fight flu? Which of the statements are true about protecting your children during flu season?

- A. Flu illness is more dangerous than the common cold.** Millions of children get sick with flu every year and thousands will be hospitalized as a result. Flu can lead to serious [complications](#), like inflammation of the heart and brain. While most children recover from flu within two weeks, some children can develop more serious illnesses like pneumonia.
- B. Vaccination is the best way to protect children against flu.** CDC recommends that [everyone 6 months and older](#) get a seasonal flu vaccine each year, ideally by the end of October. However, getting vaccinated after October can still provide children with important protection during most flu seasons. Some children 6 months through 8 years of age may need two doses for the best protection.
- C. Flu vaccines are updated every year to keep up with changing flu viruses.** [This season's flu vaccines](#) were updated from last season to better match the viruses currently circulating, which change year to year. Seasonal flu vaccines are designed to protect against the four flu viruses that research indicates will be most common during the upcoming season.
- D. Children still need to be vaccinated against flu even if they received a COVID-19 vaccine.** While both flu and COVID-19 are potentially serious contagious respiratory illnesses, they are caused by two different viruses. It is important to stay up-to-date on [both flu and COVID-19 vaccines](#) to provide the best protection for children this winter.

All answers are true! Flu vaccines are safe, reduce your risk from flu, and important to keep your child healthy.

It's important for parents to make sure their children are vaccinated against flu (ideally before Halloween), so kids are ready to fight flu this season. Learn more about [flu](#) and how to best protect children so they can enjoy all the season has to offer.

NCIRD Topic	Date of distribution	Mat release title	Total placements	Promo clicks	Engaged views	Avg. Time on Page	Scroll Depth	Cost/engaged view	Audience targeting	Notes
Publication amplification										
Flu - Chronic Conditions	26-Oct-22	Proteja su salud: vacúnese contra la influenza (gripe) hoy								
Flu - Chronic Conditions	25-Oct-22	Protect your health: Get a flu shot today								
Flu - Pregnant People	21-Oct-22	La vacuna contra la influenza (gripe) puede proteger a la persona embarazada y a su bebé								
Flu - Pregnant People	21-Oct-22	A flu shot can protect you and your baby too								
Flu - Older Adults	20-Oct-22	La vacuna contra la influenza (gripe) ayuda a mantener sanos a los adultos mayores								
Flu - Older Adults	20-Oct-22	A flu shot helps keep older adults healthy								
Flu - Parents of Young Children	10-Oct-22	Padres, la temporada de influenza (gripe) se aproxima								
Flu - Parents of Young Children	5-Oct-22	Parents, flu season is around the corner								
Childhood Vaccines - Back to School	11-Aug-22	Cuestionario de regreso a clases para los padres: pongan a prueba sus conocimientos sobre las vacunas								
Childhood Vaccines - Back to School	28-Jul-22	Back-to-school quiz for parents: Put your vaccination knowledge to the test								
Childhood Vaccines - Summer Activities	15-Jul-22	Mientras los niños se ponen al día con la diversión del verano, póngalos al día con sus vacunas de rutina								
Meningococcal	7-Jul-22	Lo que necesita saber acerca de un brote de enfermedad meningocócica en la Florida								
Meningococcal	29-Jun-22	What you need to know about a meningococcal disease outbreak in Florida								
Childhood Vaccines - Summer Activities	28-Jun-22	As children catch up on summer fun, catch them up on their routine vaccines								
Flu - There's Still Time	7-Dec-21	Todavía hay tiempo para protegernos de la influenza								
Flu - There's Still Time	5-Dec-21	There is still time to protect against flu								
Flu - Older Adults	25-Oct-21	Flu shot recommended for people 65 and older								
Flu - Flu Shots for Two	21-Oct-21	Flu shots for two: Protect yourself during pregnancy and your baby after birth								
Flu - 5 Truths	19-Oct-21	5 truths about flu vaccines								
Childhood Vaccine - Let's Play Catch Up	23-Sep-21	Prepárese para el regreso a la escuela: póngase al día con las visitas médicas y las vacunas de rutina								
Childhood Vaccine - Let's Play Catch Up	23-Sep-21	Be prepared for back to school – catch up on routine checkups and vaccinations								
Social media amplification										
NCIRD Topic	Date of distribution	Mat release title	Total placements	Promo clicks	Engaged views	Engagements	Reactions	Cost/engaged view	Audience targeting	Notes

(b)(4)

Flu - Parents of Young Children 19-Oct-21 Flu can still make children sick

(b)(4)

CHILDHOOD IMMUNIZATION OUTREACH BACK TO SCHOOL COMMUNICATIONS WRAP REPORT

MID-JULY TO SEPTEMBER 2022

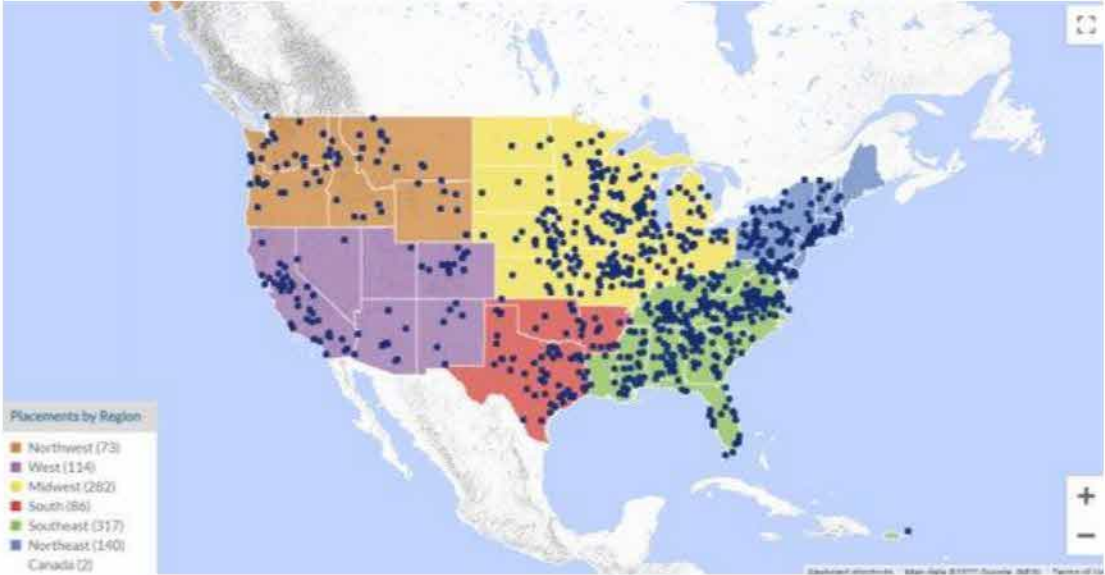
November 2022

Earned Media

MATTE ARTICLE RESULTS (ENGLISH)

English Matte Release Summary	
Audience: Parents of young children Flight Dates: 08/11/2022 - 09/11/2022	
Engaged Views <i>*a page view of 30 seconds or more</i>	
Impressions <i>*Total number of promotional ad units served to generate traffic to the story</i>	(b)(4)
Minutes spent <i>*average amount of time a reader spends on the story page</i>	
Site Audience	(b)(4)
Placements	

Placements by Region

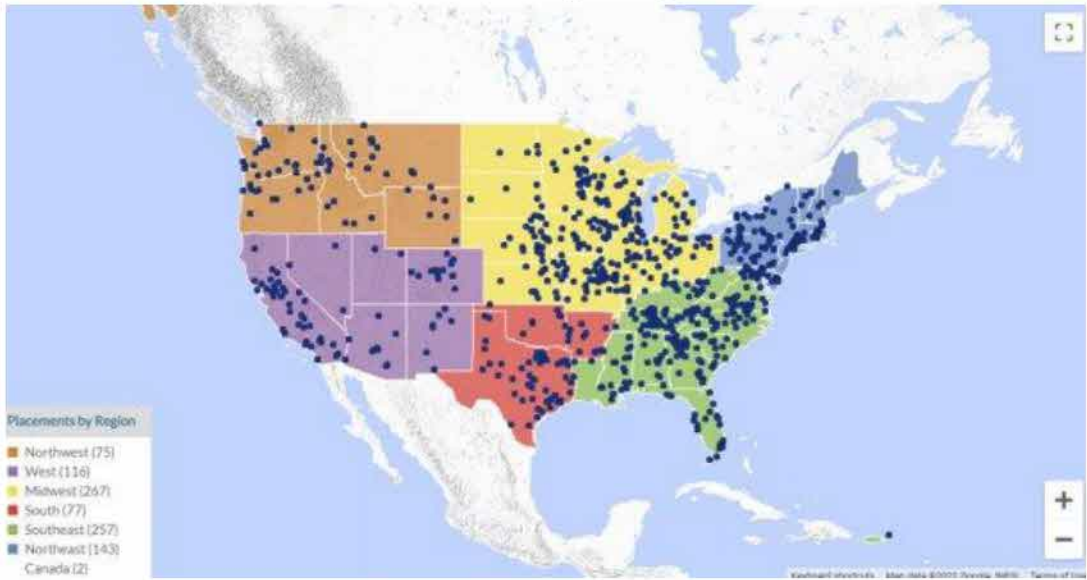


English Matte Release: Amplification Results				
Publication	Impressions	Promo Clicks	Engaged Views	Avg. Time Spent on Page
San Antonio Express News	(b)(4)			
Houston Chronicle				
WJCL (Savannah, GA)				
KSBW (Salinas, CA)				
Totals				

MATTE ARTICLE RESULTS (SPANISH)

Spanish Matte Release Summary	
Audience: Parents of young children Flight Dates: 08/11/2022 - 09/11/2022	
Engaged Views <i>*a page view of 30 seconds or more</i>	(b)(4)
Impressions <i>*Total number of promotional ad units served to generate traffic to the story</i>	
Minutes spent <i>*average amount of time a reader spends on the story page</i>	
Site Audience	(b)(4)
Placements	

Placements by Region



Spanish Matte Release: Amplification Results				
Publication	Impressions	Promo Clicks	Engaged Views	Avg. Time Spent on Page
San Antonio Express News	(b)(4)			
KSBW (Salinas, CA)				
Houston Chronicle				
WJCL (Savannah, GA)				
Totals				

CDC NCIRD Childhood Vaccinations
Back to School Matte Release
For Approval (Followed by Spanish Translation)

Updated: 26 July 2022

Distribution: For publication on Brandpoint’s network of news sites and print publications, pending final CDC approval. Brandpoint will drive traffic to the content release which will be hosted on four leading news sites; at least 800 total online placements are guaranteed by the end of the campaign. A Spanish-language version will also be distributed by Brandpoint on Spanish-language news sites, pending CDC approval.

Back to school quiz for parents: Put your vaccination knowledge to the test

It’s that time of year: kids are squeezing in the last seconds of summer, and parents are working hard to make sure the first days back at school go off without a hitch. Once kids return to the classroom, it’s important to remember that their brains aren’t the only things that will be put to the test— their immune systems will, too. Parents, make sure your children are up to date on all recommended vaccinations to help prevent them from getting vaccine-preventable diseases like [measles](#) and [chickenpox](#).

Parents, are you ready for your child to go back to school? Take this pop quiz to test your knowledge of routine childhood vaccines.

Which of the following is true about routine childhood vaccines?

- A. Well-child visits and recommended vaccinations are essential and help make sure children stay healthy.** Children who are not protected by vaccines are more likely to get diseases like measles and [whooping cough](#). These diseases are extremely contagious and can be very serious, even deadly. In recent years, there have been outbreaks of these diseases in the U.S., especially in communities with low vaccination rates.
- B. Children may qualify for no-cost vaccines.** The [Vaccines for Children](#) (VFC) program offers vaccines at no cost to children who qualify. In fact, about half of American children receive VFC vaccines.
- C. Routine vaccinations during childhood help prevent 18 serious diseases.** Some children may be behind on their recommended vaccines due to disruptions from the COVID-19 pandemic. Because of this, CDC and the American Academy of Pediatrics (AAP) recommend children catch up on routine childhood vaccinations.
- D. All the above.**

The answer: D!

Parents want to protect their children as best they can and ensure they can learn and grow — and routine childhood vaccinations are an essential step in getting there. [Learn more](#) about routine childhood vaccination so you can help set your child’s health up for success this school year.

**CDC NCIRD Childhood Vaccinations
Childhood Vaccinations Matte Release
For Approval (Followed by Spanish Translation)**

Updated: 25 April 2022

Distribution: For publication on Brandpoint’s network of news sites and print publications, pending final CDC approval. Brandpoint will drive traffic to the content release which will be hosted on four leading news sites; at least 800 total online placements are guaranteed by the end of the campaign. A Spanish-language version will also be distributed by Brandpoint on Spanish-language news sites, pending CDC approval.

Let’s Play Catch-Up on Routine Childhood Vaccinations

For many of us, life over the past two years has been anything but routine. We missed out on playdates, reunions with loved ones, in-person school activities, sports – in some cases, even our children’s regular doctor visits, putting them at risk of not being up to date on their routine vaccinations for serious diseases like measles and whooping cough.

The Centers for Disease Control and Prevention (CDC) [provides vaccines](#) for nearly half of America’s children. Over the last two years, distribution of routine vaccines is down more than 10 percent compared to before the COVID-19 pandemic, which could mean an alarming number of children are vulnerable to vaccine-preventable diseases. Now is the time to get back to some of our routines, including well-child checkups and vaccinations.

Even before the disruptions of COVID-19, delays in routine vaccinations against vaccine-preventable diseases — particularly measles — have caused outbreaks. Getting children vaccinated following CDC’s recommended vaccination schedule can help protect against outbreaks and allows children to be protected before they may be exposed to potentially life-threatening diseases.

You have the power to protect your child’s health through vaccination. You and your child’s doctor can make a plan to ensure your child gets back on track and stays on track with their vaccinations – so your child is ready for school and play.

There are [resources available](#) to help answer your questions about your child’s regular checkups and routine vaccinations, such as:

Which vaccines does my child need?

Check out CDC’s easy-to-read Child & Adolescent [Immunization Schedule](#) to see the vaccines recommended for each age and the diseases they prevent. If your child missed a vaccine, use CDC’s [Catch-up Immunization Schedule](#) to help catch them up as soon as possible.

Are routine childhood vaccines safe?

Vaccines are [safe and effective](#) for children to receive at the recommended age at the recommended doses.

Did you know your child may be eligible for free vaccines?

The [Vaccines for Children](#) (VFC) program can help. VFC provides free vaccines to children who qualify. About half of American children younger than 19 years old receive VFC vaccines. Ask your doctor if your child qualifies.

Now is the chance to play catch-up on the things we've been missing out on. Help protect your child's health as they get back to their routines by ensuring they are caught up on their well-child checkups and routine vaccinations.

Learn more about routine childhood vaccination and other ways to keep your child healthy [here](#).

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**CDC NCIRD Childhood Vaccinations
Summer Activities Matte Release
Draft (Followed by Spanish Translation)**
Updated: 7 June 2022

Distribution: For publication on Brandpoint’s network of news sites and print publications, pending final CDC approval. Brandpoint will drive traffic to the content release which will be hosted on four leading news sites; at least 800 total online placements are guaranteed by the end of the campaign. A Spanish-language version will also be distributed by Brandpoint on Spanish-language news sites, pending CDC approval.

As Children Catch Up on Summer Fun, Catch Them Up on Their Routine Vaccines

For our kids, summertime comes with a lot of pent-up excitement. It’s that time of year when our kids can get out, take a break, try something new, and make lifelong memories. It’s the return of our favorite summer activities, like riding bikes through the neighborhood, swinging at the playground for hours, cannonballs in the pool, and summer camp with friends. But as summer activities ramp up, it’s important for children to catch up on any missed well-child visits and routine vaccinations to help protect them against serious diseases like measles and whooping cough.

CDC is recommending these “Top Four Tips” to help make sure your kids are in tip-top shape for summertime fun:

1. **Talk to your doctor to find out if your child is on track with well-child checkups and routine vaccinations.** If you missed you child missed a checkup during the past two years, you’re not alone! Many families missed vaccinations due to disruptions from the COVID-19 pandemic. It’s not too late to get back on track. Help protect your little explorer as they embark on their summer adventures with routine vaccinations.
2. **Find out if your child qualifies for no cost vaccines.** The [Vaccines for Children](#) (VFC) program offers vaccines at no cost to children who qualify. About half of American children younger than 19 years old receive VFC vaccines, so ask your doctor if your child may qualify.
3. **Prepare for your vaccination visit.** You can help [make shots less stressful](#) for both you and your child. Check out CDC’s easy-to-read Child & Adolescent [Immunization Schedule](#) to see the vaccines recommended for each age and the diseases they prevent.
4. **Remember, it’s never too late to get your child vaccinated.** CDC created a [catch-up schedule](#) to help children who may have missed vaccinations get back on track.

You may not be able to prevent every bump or bruise, but you can ensure your child is better protected against some serious diseases with routine vaccinations. Summer is the time to play catch-up. Help protect your child’s health by ensuring they are caught up on their regular checkups and routine vaccinations.

Learn more about routine childhood vaccination and other ways to keep your child healthy [here](#).

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SUGGESTED IMAGES:
English-language



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CDC Flu Secondary Audience Matte Release – Adults 65 Years and Older

CDC CLEARED: Oct. 13, 2022

A flu shot helps keep older adults healthy

As we age, it becomes more important to take care of our health. For example, adults 65 years and older are at higher risk of developing serious flu complications due, in part, to changes in the immune system caused by aging. While flu seasons vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease, accounting for the majority of flu hospitalizations and deaths. A flu shot is the best way to protect against flu illness and its potentially serious complications this fall and winter. This season, CDC is recommending that people 65 and older get one of three preferred flu vaccines that are specially designed for people in this age group.

CDC updated flu vaccine guidance this year for adults 65 years and older.

CDC wants people 65 years and older to get a higher-dose or adjuvanted flu vaccine, if available. These include:

- Fluzone High-Dose Quadrivalent vaccine
- Flublok Quadrivalent vaccine
- Flud Quadrivalent vaccine

These vaccines are preferred because research suggests that, in this age group, these vaccines are potentially more effective than standard-dose flu shots used for people under 65. When scheduling your appointment, ask which vaccine you will get. However, if the higher-dose or adjuvanted flu shots are unavailable, people in this age group should get a standard-dose flu shot.

In numerous studies since 2010, flu vaccines have helped protect older adults against influenza by reducing their risk of getting sick and being hospitalized. There is also more evidence that flu vaccines can make illness less severe in people who get vaccinated but still get sick from the flu.

Get a flu shot today.

CDC recommends people get vaccinated before the end of October, if possible, because flu activity can start increasing in parts of the country during this month, and it's important to get vaccinated *before* flu starts spreading in your community. However, vaccination after October can still provide protection against flu because flu most commonly peaks in February and significant flu activity can continue into May.

Speak with your health care provider today to find out the best way to protect yourself against flu. Learn more about [flu vaccination for older adults](#).

Protect your health: Get a flu shot today

Flu season is here, and adults with certain chronic health conditions, like asthma, heart disease, and diabetes, are at higher risk of serious flu [complications](#), including hospitalization or even death. In fact, during past flu seasons, [9 out of 10 adults](#) hospitalized with flu had at least one underlying health condition. Flu also can make long-term health problems worse, even if they are well managed.

The good news is that annual flu vaccination can help prevent flu and its potentially serious outcomes. Here is more information about flu that may be helpful for people with certain chronic conditions.

[Flu is more dangerous for people with heart disease or a past stroke](#)

People with a history of heart disease or stroke are at higher risk from serious flu complications. Among adults hospitalized with flu during recent flu seasons, heart disease was one of the most common chronic conditions. In fact, about half of adults hospitalized with flu have heart disease. Studies have shown that flu illness is associated with an increase in heart attacks and stroke, and that flu vaccination can reduce the risk of some cardiac events in people with heart disease.

[Asthma and flu are a bad combination](#)

People with asthma also are at higher risk of developing serious flu complications, even if their asthma is mild or their symptoms are well-controlled by medication. People with asthma can develop swollen and sensitive airways, and flu can cause further inflammation of the airways and lungs. Flu infections can also trigger asthma attacks, make asthma symptoms worse, and lead to pneumonia and other acute respiratory diseases. Studies have shown flu vaccination is associated with reduced hospitalizations from a worsening of asthma.

[What can happen when people with diabetes get the flu](#)

People with diabetes also are at higher risk of developing serious complications from flu. In recent seasons, about 30% of adults hospitalized with flu had diabetes. Flu may raise your blood sugar levels, but sometimes people don't feel like eating when they are sick, and a reduced appetite can cause blood sugar levels to fall. Studies have shown flu vaccination is associated with reduced hospitalizations due to a worsening of diabetes.

Get a flu shot today.

It is important that people with certain chronic conditions get a flu shot every year, and vaccination is recommended before the end of October, if possible, because flu activity can start increasing in parts of the country during this month, and it's important to get vaccinated *before* flu starts spreading in your

community. However, vaccination after October can still provide protection against flu during most seasons because flu most commonly peaks in February, and significant activity can continue into May.

Learn more about [flu and chronic conditions](#) and speak with your health care provider today to find out the best way to protect yourself against flu.

A flu shot can protect you and your baby too

Do you have a baby on the way? While there are likely many things on your mind during pregnancy, don't forget to plan for flu this season.

It's important for pregnant people to know that flu can pose serious risks to their health, as well as the health of their baby. The good news is, a flu shot during pregnancy can reduce the risk of severe flu, including being hospitalized with flu, AND can help protect babies from flu for several months after birth, when they are too young to get vaccinated. Getting a flu shot is the best way to help prevent flu and its potentially serious complications this fall and winter.

Flu can be dangerous during pregnancy.

Pregnant people are more likely to get severe illness from flu than people of a similar age who are not pregnant. This is because of changes in the immune system, heart, and lungs during pregnancy, which may make pregnant people (and people up to two weeks postpartum) more prone to severe complications from flu that can result in hospitalization. Also, symptoms of flu in a pregnant person may be harmful for a developing baby, for example, fever may be associated with neural tube defects and other adverse pregnancy outcomes.

A two-for-one shot.

A flu vaccine can be given during any trimester of pregnancy and provides protection for both pregnant people and their baby – a two-for-one shot. Flu can be serious for infants, especially during their first few months of life when they are too young to get vaccinated themselves. Getting vaccinated during pregnancy can help provide the baby with critical protection from flu during the first several months after birth, as the pregnant parent passes antibodies to their developing baby.

Flu shots are safe for both the pregnant parent and the baby and have been given to millions of people for more than 50 years with an excellent safety record. There is a [large body of scientific studies](#) that supports the safety of flu vaccine in pregnant people and their babies, and CDC continues to gather data on this topic.

Get a flu shot today.

CDC recommends people get vaccinated before the end of October, if possible, because flu activity can start increasing in parts of the country during this month, and it's important to get vaccinated *before* flu starts spreading in your community. However, vaccination after October can still provide protection against flu because flu most commonly peaks in February and significant flu activity can continue into May.

Learn more about [flu and pregnancy](#) and speak with your health care provider today about how to protect yourself against flu.

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(WAS-PWT)

To: (b)(6) (WAS-PWT)
Subject: Varicella Earned Media Discussion - Next Steps

From: (b)(6) (WAS-WSW) (b)(6)

Sent: Thursday, July 14, 2022 12:49 PM

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Cc: (b)(6) (WAS-WSW) (b)(6); (b)(6) (WAS-PWT) (b)(6)
(b)(6) (WAS-PWT) (b)(6); (b)(6) (NYC-WSW) (b)(6)

Subject: Varicella Earned Media Discussion - Next Steps

Hello all,

Thanks so much for the discussion this morning on the earned media activities to support the Varicella effort. We appreciated the specificity that you shared about audience segments and scale of this effort.

We will plan to deliver our recommended media lists for the primary and secondary audiences and related pitch content week of August 1, for your review and consideration. After CDC determines which outlets you would like Weber Shandwick to move ahead with, we will tailor pitches for those outlets from approved pitch content.

Relatedly, assuming your team is going to be developing digital/organic social content, we thought the below insights/digital media habits could be helpful in that process. Please see below for (b)(5) related recommendations for your consideration.

Please let us know if you have any questions, and we will take you up on your offer to reach out as we dive into this work.

Best,
(b)(6) (and team)

Digital Content Insights/Recommendations by Audience.

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PRovoke Global Agency of the Decade (2020)
PRWeek Purpose Agency of the Year (2021, 2020)
#1 on PRovoke Global's Creative Index (2021)