STATEMENT OF WORK

PROJECT TITLE: Healthy Start National Evaluation Support Contract

BACKGROUND

The Division of Healthy Start and Perinatal Services (DHSPS) provides administrative oversight of the federal Healthy Start (HS) program which provides grants to communities to reduce infant mortality, health disparities, and improve perinatal health outcomes. The infant mortality rate (IMR) is a widely used indicator of the nation's health. In 2011, the U.S. ranked 27th in infant mortality among industrialized nations, with an overall IMR of 6.07. The national HS program addresses factors that contribute to the high IMR, particularly among African-American and other minority groups. The program began in 1991 with 15 grantees and has expanded over the past two decades to 100 grantees in 37 states, Washington, DC, and New York City.

The HS program was transformed in 2014 to apply lessons from emerging research, past evaluation findings, and to act on national recommendations from the 2013 Secretary's Advisory Committee on Infant Mortality. The goal of the new HS program is to improve maternal health and reduce disparities in perinatal outcomes in the US through evidence-based practices, community collaboration, organizational performance monitoring, and quality improvement. To achieve this goal, the HS program employs five community-based approaches to service delivery and facilitates access to comprehensive health and social services for high risk pregnant women, infants and children through age 2, and their families in diverse, low income communities with exceptionally high rates of infant mortality.

The evaluation's implementation is led by MCHB's Office of Epidemiology and Research (OER). An external Technical Expert Panel (TEP) of maternal and child health researchers, practitioners, and policy makers also provides direction on the design and implementation of the evaluation. The design of the evaluation strives to address the challenges and limitations noted in prior evaluations, such as a lack of consistently collected data on outcomes and the ability to identify an appropriate comparison group(s).

The national evaluation includes three components: 1) implementation; 2) utilization; and 3) outcome. The purpose of the implementation evaluation is to describe and examine program components that affect outcomes. The purpose of the utilization evaluation is to examine the characteristics of women and infants who did and did not utilize the program. The purpose of the outcome evaluation is to assess the program's performance and overall effectiveness with regard to producing expected changes among the target population. The primary data source for the implementation evaluation is an OMB approved survey, the National Healthy Start Program Survey (NHSPS). The utilization and outcome evaluations will link state/jurisdiction vital records (e.g., infant birth and death certificates); the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) survey; and participant level program data collected using the HS Client-level Screening Tools to compare HS participant and non-participant characteristics and outcomes. Evaluation findings are expected to inform program decisions and future program direction. Further, findings will enable not only a determination of whether HS is effective in impacting participant outcomes, but why and how, so that effective program components can be spread and scaled.

In preparation for this multipronged evaluation, MCHB/HRSA, in partnership with the TEP and other stakeholders has completed the following activities:

1. Conducted semi-structured interviews, convened a face-to-face meeting, and several conference calls with TEP members.
2. Developed a comprehensive evaluation plan outlining the data sources, data collection strategies and analysis plan for the three components of the evaluation.
3. Gathered feedback from HS grantees on the evaluation activities and processes.
4. Established mechanisms to support data collection processes and activities.
5. Established the Healthy Start Monitoring and Evaluation Database (HSMED) to collect, store, and report individual-level and aggregate data monthly.
6. Prepared and submitted for review an IRB package for the evaluation activities.
7. Administered the NHSPS to assess grantee services offered and provided, intervention models used by projects, aggregated outcomes for the population served, and achievements at the grantee and national levels.

PURPOSE

The purpose of this procurement is to support MCHB in:

1. Implementing the evaluation activities of the transformed national Healthy Start (HS) program;
2. Conducting analyses; and
3. Preparing a final evaluation report.

The results of the evaluation study will assess the HS grantees' progress in meeting the goals of the HS program and provide valuable feedback that will be used to improve program design.

PERIOD OF PERFORMANCE

This task order is three years (36 months) from the effective date of the task order (EDOTO). The place of performance is the Contractor's facility.

SPECIFIC TASKS

Task 1: Project Management

1.1 Kickoff Meeting

The Contractor shall hold a teleconference with the COR within ***seven (7) days of the Effective Date of the task order (EDOTO)*** to review the Statement of Work (SOW), discuss the deliverables and the schedule/timeline, outline reporting procedures, and identify any potential problem areas. The Contractor shall electronically submit a timeline along with the initial meeting minutes to the COR, ***seven (7) days after the initial meetings***.

1.2 Quality Control

The Contractor shall:

1. Discuss quality control requirements for each individual task with the COR before work begins. The COR will agree on the process that will be used to ensure quality control—

whether proofreading, or other methods will be used, for example. Regardless of the quality control method chosen, the PM shall have the final responsibility for ensuring that all deliverables are accurate, well written, free of errors, and timely.

2. Assure that the work is conducted timely, efficiently, and at the best cost to the Government.
3. Know and apply appropriate federal regulations as needed.
4. Provide rapid response and adjustment to changing requirements and provide staff continuity as project activities increase or decrease.
5. Fulfill requests within short time frames (e.g., 1-3 days) when necessary.
6. Provide timely budget information and early notification of potential cost overruns.

1.3 Review Documents

The Contractor shall review the previous MCHB Healthy Start Evaluation Reports, the current Healthy Start National Evaluation Plan, data collection instruments (e.g., NHSPS), HS Benchmarks, and the Healthy Start Funding Opportunity Announcement. Reviewing these documents will provide the necessary program knowledge needed to assist in implementing the evaluation. These documents will be shared with the Contractor upon award of the contract. ***The documents shall be reviewed prior to the kickoff meeting.***

1.4 Bi-Weekly Conference Calls and Meeting Minutes

In the beginning of the task order, the Contractor shall participate in bi-weekly conference calls with the COR and other federal staff. The frequency of the conference calls may be reduced to monthly based on the work flow and need for regular communication. The Contractor shall develop an agenda for the conference calls and email the agenda to the COR, ***one (1) day prior to the weekly conference call***. The Contractor shall record meeting minutes for each conference call and submit a summary of the meeting minutes to the COR ***four (4) days after each conference call***. The purpose of the calls shall be to address the following items:

1. Progress on current tasks and deliverables;
2. Potential problems in completing current tasks and deliverables;
3. Planned tasks and deliverables;
4. Any other issues.

1.5 Provide Monthly Progress Reports

The Contractor shall provide monthly progress reports ***the 10th of each month*** to provide an update on the status of all task order requirements. Each report shall be cumulative for all previously reported information and include the following items:

1. Status of all tasks and deliverables (e.g., updates on linkage and response rates for HS grantees, description of TA activities conducted);
2. Difficulties/problems encountered or expected along with suggested corrective actions; and
3. Proposed alternative strategies to improve the project and resolve project issues.

Task 2: Evaluation Design Consultation

The Contractor shall provide consultation on the HS evaluation plan and participate in two (2) meetings per year to develop, revise and/or refine methods/approaches as they relate to the program evaluation. The Contractor shall:

1. Review previous related evaluation reports and other background information to inform the evaluation design;
2. Review the current evaluation plan to assess the strengths and weaknesses of approaches and suggest improvements;
3. Revise and update the evaluation plan as needs and priorities evolve or change; and
4. Identify topics or program features important to incorporate in the evaluation plan.

Areas requiring input and consultation include the following:

1. Approaches for including the community and program participant perspective;
2. Approaches to assess the outcomes of non-pregnant and non-postpartum participants;
3. Approaches to assess collective impact;
4. Methods to develop measures of program implementation; and
5. Approaches to disseminate evaluation findings to various stakeholder groups.

Task 3: Survey for Healthy Start Participants

3.1 Develop a Survey for Healthy Start Participants

The Contractor shall develop a new survey to assess participants' perspective and experiences with the Healthy Start program and utilization of program services. ***The survey shall be developed within four (4) months of EDOTO*.**

The Contractor shall:

1. Develop specific, detailed survey questions as required for the evaluation project.
2. Review previous surveys conducted by the HS program and/or its grantees.
3. Ensure that each survey addresses (but does not merely repeat) the evaluation research questions; minimizes social desirability, recall, and other biases; and is easily and fully understood and accessible to all potential respondents.
4. Pre-test the survey instrument with 9 respondents. The pretest shall inform the following:
   a. The average time it takes to administer the survey;
   b. Program participants' understanding of the questions on the survey; and
   c. Any questions that could be deleted or revised to improve clarity.
5. Prepare a brief (no more than 5 pages) pre-test report providing an overview of the pretest (e.g., purpose, sample, and methods) and recommended changes to the survey instrument. The Contractor shall not initiate data collection using any instrument requiring OMB approval prior to receiving notification from the COR that it has been approved.

3.2 Final Survey Instrument

The Contractor shall revise the draft survey instrument based on comments from the COR and submit the final survey incorporating the COR's comments within fourteen (14) days of receiving the comments. ***The final Healthy Start Participant survey shall be delivered within eight (8) months of EDOTO.***

3.3 Administer Survey

The Contractor shall:

1. Administer the survey, keeping the COR apprised of progress on a weekly or bi-weekly basis. The Contractor shall take into account especially sensitive issues or situations and use discretion, tact, and diplomacy to maximize the respondents' confidence in the MCHB/HRSA and the evaluation process.
2. Provide the COR with a copy of the survey responses in machine-readable form—spreadsheet or database ***within eighteen (18) months of EDOTO***. The Contractor understands that survey data remain the exclusive property of the Government.
3. Prepare summaries of survey results as agreed with the COR according to the analysis plan.

3.4 Analysis of Survey Data

The Contractor shall use standard database and/or statistical software to analyze survey data. The analysis shall include descriptive statistics and compare results and themes by respondent groups and other relevant factors.

Task 4: Provide Technical Assistance for and Monitor the Linkage to Vital Records and PRAMS Data

The Contractor shall provide technical assistance (TA) to 39 state/jurisdiction Vital Record offices and 100 HS grantees participating in the national evaluation. Two Contractor staff shall plan for two (2) trips (local and/or domestic travel) to meet with selected Vital Records offices and/or HS grantees to address questions and provide in-person guidance on data linkage between PRAMS, Vital Records and Healthy Start data.

TA activities shall include:

1. Outreach to HS grantees, Vital Records offices, and PRAMS programs (if participating in oversampling) to facilitate customization and signing of the model data sharing and transfer agreements developed by NAPHSIS for the 100 grantees;
2. Promote and monitor the timeliness of data transfer from HS grantees to Vital Records offices ;
3. Provide TA to HS grantees regarding collection and transfer of individual identifiers, as needed;
4. Provide TA to Vital Record offices regarding data linkage and transfer (e.g., software/hardware requirements, linkage protocols, transfer mechanisms and formats), as needed;
5. Develop and implement a process to monitor birth and death certificate linkage rates overall and by available data (i.e., known versus estimated date of delivery); and
6. Work with Vital Records offices and HS grantees to improve linkage rates.

For the 15 Healthy Start grantees participating in PRAMS oversampling, the Contractor shall also provide guidance on outreach activities to HS grantees to promote and improve HS participants' response rates to the PRAMS survey. The Contractor shall provide an update on

the type and frequency of TA activities provided in the monthly progress reports (see Task 1.6, above).

Task 5: Collect Data from 13 State/Jurisdiction Vital Record Offices, 13 State PRAMS Programs, and 15 HS Grantees Participating in the PRAMS Oversampling Portion of the Evaluation

The Contractor shall develop a plan (3-5 pages) to collect data from 13 state/jurisdiction Vital Records Offices (VRO), 13 PRAMS programs, and 15 HS grantees. As specified in the HS evaluation plan (which will be provided upon task order award), the Contractor shall collect data to:

1. Link the HS participants' from 15 randomly selected HS grantee sites to their infants' vital records (birth and death records) across 13 states/jurisdictions monthly; and
2. Link 15 randomly selected HS grantee sites to PRAMS programs in 13 states/jurisdictions.

The Contractor shall identify the best mechanism(s) to collect data from these agencies in an accurate and timely manner. The locations of the VROs, PRAMS programs and HS grantee sites participating in the PRAMS oversampling portion of the evaluation can be found in Appendix A. ***The Contractor shall deliver the plan within one (1) month of EDOTO.*** The Contractor shall ensure the plan is 508 compliant based on HHS standards.

Task 6: Data Management

6.1 Monitor and Coordinate Data Sharing/Transfer Agreements

The Contractor shall:

1. Monitor the sign and receipt of data sharing/transfer agreements between Vital Records offices, HS grantees, PRAMS programs, and MCHB/HRSA.
2. Provide assistance to HS grantees, Vital Records offices, PRAMS programs, and MCHB/HRSA in modifying the model data sharing agreement created by NAPHSIS to fit the needs and requirements of all involved agencies. Data sharing/transfer agreements may include language pertaining to the tasks and responsibilities of each agency, how files are provided (e.g., format), and the timing of submissions. The Contractor shall also follow-up with agencies to obtain the status of signed and final agreements.
3. Ensure the receipt of signed data sharing/transfer agreements for HS grantees, Vital Records offices, PRAMS programs, and MCHB/HRSA.
4. Deliver the signed, electronic data sharing/transfer agreements to the COR ***within one (1) month of EDOTO for agencies participating in PRAMS oversampling and within four (4) months of EDOTO for HS grantees and Vital Records offices participating in Vital Records linkage only***.

6.2 Develop Protocols to Transfer Data

The Contractor shall develop a reporting template(s) for HS participants' individual identifiers to be transferred to state/jurisdiction Vital Record Offices on an annual basis. The template may need to be modified to meet the specific requirements of the HS grantees and/or Vital Records

offices. ***The Contractor shall deliver the reporting template for HS participants' individual identifiers within one (1) month of EDOTO.***

The Contractor shall also develop a protocol/mechanism to transfer vital records data (including birth and death certificate data for HS participants and non-HS participant controls) to the COR. ***The final data transfer protocol shall be delivered within eight (8) months of EDOTO.*** Transferred data shall include a HS client ID, enrollment date, and, for both HS and non-HS controls, geographic identifiers (census tract or latitude/longitude). Personal identifiers should not be included in the transferred data. The data shall be transferred annually for calendar years 2017 (birth records) and 2018 (death records). The Contractor shall provide the COR with a copy of the data in machine-readable form—spreadsheet or database—acceptable to the COR. ***The transferred Vital Records data (birth records for 2017) for HS and non-HS participants shall be delivered within twenty-one (21) months of EDOTO. The transferred Vital Records data (death records for 2018) for HS and non-HS participants shall be delivered within thirty-three (33) months of EDOTO.*** These data will remain the exclusive property of the Government.

6.3 Prepare a Data Linkage Report

The Contractor shall prepare a draft report that includes the methodology; agreements (e.g., transfer agreements between HS grantees and Vital Records offices); linkage and response rates by grantee/state; and general successes/challenges of linking HS grantee information to vital records birth and death certificate data. The report shall be reviewed by the COR. ***The draft report for 2017 births shall be submitted electronically within twenty-one (21) months of EDOTO; the draft report for 2018 deaths shall also be submitted electronically within thirty-three (33) months of EDOTO.***

The Contractor shall revise the report based on comments and edits received from the COR. The Contractor shall submit a revised and final report within two (2) weeks of receiving the comments/edits from the COR. ***The final report for 2017 births shall be submitted electronically within twenty-one (21) months of EDOTO; the final report for 2018 deaths shall also be submitted electronically within thirty-three (33) months of EDOTO.*** The Contractor shall ensure the final reports are 508 compliant based on HHS standards.

6.4 Data Cleaning and Preparation

The Contractor shall receive one data file from the CDC PRAMS program. This data file will include the full PRAMS file of all PRAMS participants in the 15 selected states (both HS participants and non-participants); including linked vital records with census tract or latitude/longitude of residence. This PRAMS data file may include approximately 12,000 individual survey records. The Contractor shall also receive data files from the state/jurisdiction Vital Records offices for all 100 HS grantees located in 37 states, Washington, DC, and New York City, for a total of 39 files that will include HS participant and non-participant controls from the same geographic areas. Lastly, the Contractor shall receive individual level data collected using the HS Client-level Screening Tools from the DHSPS contractor maintaining the HSMED. The HS Client-level Screening Tools data will include data on HS participants from all 100 HS grantees.

Upon receiving the transferred data files from the CDC PRAMS program, state/jurisdiction Vital Records offices and the DHSPS contractor, the Contractor shall clean the data and prepare it for data analysis (see Task 6). Please note the CDC PRAMS data will be transferred in a unified format with a codebook, and may only need geocoding to determine census tract if only a latitude/longitude is provided.
Preparation activities for the data files will include the following:

1. Conducting compatibility cleaning to put data into one file;
2. Performing rigorous quality control procedures and data verification checks;
3. Developing common variable names, formats, and a code book;
4. Formatting the files for analysis in SAS/SUDAAN; and
5. Linking the CDC PRAMS and Vital Records files to the HS Client-level Screening Tools data using the HS unique client-id.

The Contractor shall deliver the cleaned data files for 2017 births within twenty-one (21) months of EDOTO, and the data files for 2018 deaths within thirty-three (33) months of EDOTO.

6.5 Data Storage
The Contractor shall store the datasets/files on a secure server that is in compliance with HHS security policies on data collection, transmission, and storage (see Privacy Act and Security Requirements, Appendices).

Task 7: Analysis of Data

7.1 Analysis of HS Health Services Utilization Evaluation Data
Using data collected from the NHSPS, the HS Client-level Screening Tools, Vital Records, PRAMS, and the newly developed HS participant survey, the Contractor shall conduct an analysis to answer the following evaluation questions for the Services Utilization evaluation component:

1. To what extent were services delivered to the highest risk target populations (women infants), as intended? What were the characteristics of HS program participants when compared to non-HS participants? What percentage of women was served by Healthy Start according to demographic characteristics within the target area?
2. What factors (personal, program and organization level) help explain differential service delivery?

The Contractor shall conduct descriptive and multivariable analyses. The analyses shall take into account variables such as:

1. Services provided by HS grantees; service needs of and services utilized by HS participants;
2. Socio-demographic, behavioral, and psychosocial characteristics; and
3. Risk factors of HS participants compared to non-participants.

7.2 Analysis of Outcome Evaluation Data

Using data collected from the NHSPS, the HS Client-level Screening Tools, Vital Records, and PRAMS, the Contractor shall conduct an analysis to answer the following evaluation questions for the Outcome evaluation component:

1. What program, organization and personal risk factors were associated with improved outcomes at the individual level, such as utilization, behaviors, and health outcomes, within the program, and when compared to non-HS participants?
2. What factors (personal, program and organization level) help explain variation in the program's impact on individual level outcomes?

The Contractor shall conduct descriptive and multivariable analysis to estimate the effect of the program for HS participants. The descriptive analysis shall provide initial results about the association between HS participation and outcomes. A multivariable analysis shall be conducted to further isolate the effect of the HS program and shall account for factors such as the participant, family, grantee, and community. The Contractor shall determine the type of regression approach to use for the analysis. The Contractor shall also employ matching techniques (e.g., individual level matching using propensity scores) to ensure the comparisons in the evaluation involve similar women (with the exception that the participants have accessed the transformed HS program) and that the evaluation produces estimates of the effects of HS on individual-level outcomes.

The Contractor shall also conduct an analysis using the Benchmarking Method. The use of benchmarks is relevant to MCHB because it places the HS outcomes in a national context. The relevant outcomes for this evaluation are primarily those related to knowledge, behavior, risk, morbidity, and mortality. The Contractor shall calculate standard deviations for benchmark rates and perform basic statistical tests (e.g., t-tests or chi-square tests) to assess the significance of the difference between the HS and benchmark rate for an outcome – that is, whether the rate of the outcome among HS participants differs from the benchmark rate, overall and for similarly high-risk populations, within a specified margin of error.

7.3 Triangulation of Data and Quality Control

Once individual components of data analysis are complete, the Contractor shall triangulate the data to develop key findings and (as appropriate) develop recommendations, and/or matters for consideration. Findings and recommendations shall be discussed thoroughly with program staff and with the TEP as appropriate, to help ensure that all information and perspectives are considered and incorporated thoughtfully.

Task 8: Preparation of Interim Evaluation Reports and a Final Evaluation Report

8.1 Interim Evaluation Reports

After completing the analysis for the HS Participant Survey, and the Health Service Utilization and Outcome evaluations, the Contractor shall prepare written reports summarizing the results of the evaluation's interim or preliminary analyses. These reports may require different levels of writing, from highly technical to plain language, and will require synthesizing and interpreting information. Each report should be clear, accurate, and free of errors. Reports shall be provided electronically and may also be required in hard copy. If required by the COR, the Contractor shall ensure that the interim evaluation reports are 508 Compliant based on HHS standards. ***The***

Contractor shall deliver the interim report on the Healthy Start Participant Survey analysis within twenty (20) months of EDOTO, the interim report on the Health Services Utilization analysis within twenty-three (23) months of EDOTO, and the interim report on the Outcome Evaluation analysis shall be delivered within thirty-four (34) months of EDOTO.

8.2 Develop Draft Evaluation Report

The Contractor shall prepare a draft evaluation report on the results of the evaluation based on data collected and analyzed ***within thirty-four (34) months from the EDOTO***. The report shall be written for external use and the COR will submit the draft report to the HRSA Office of Communications for review. The report shall include an executive summary, background, methodology and data sources, data analysis, results, discussion, and recommendations.

8.3 Develop Final Evaluation Report

The Contractor shall revise the draft evaluation report based on comments received from the COR and the HRSA Office of Communications and submit a final report ***within thirty-five (35) months of EDOTO***. The report should be clear, accurate, and free of errors. The report shall be provided electronically and may also be required in hard copy. The report shall be accompanied by an executive summary that is 508 compliant based on HHS standards.

Task 9: Coordinate the Technical Expert Panel (TEP) Quarterly Meetings

The Contractor shall coordinate and manage quarterly conference calls with the TEP. The Contractor shall:

1. Schedule quarterly meetings by finding available days and times for the majority of TEP members;
2. Develop meeting agendas and other meeting materials, and email the documents to the COR ***five (5) business days prior to the conference call***;
3. Record meeting minutes for each conference call and submit a summary of the meeting minutes to the COR ***four (4) days after each conference call***; and
4. Follow-up on action items from the meeting within appropriate timeframes.

Schedule of Deliverables

All deliverables shall be submitted to the COR identified in the contract located at HRSA, 5600 Fishers Lane, Rockville, MD 20857

Task #	Deliverable	Quantity and Format	Due Date
Task 1: Project Management			
1.1	Kick-off meeting minutes and revised deliverable schedule and timeline	1; Electronic	Seven (7) days after the Kick-off meeting
1.4	Weekly Meeting Agenda	Weekly; Electronic	One (1) day prior to each conference call
	Weekly meeting minutes from	Weekly; Electronic	Within four (4) days

	conference calls with the COR and other federal staff		of each conference call
1.5	Monthly Progress Report	Monthly; Electronic	Monthly (10th of each month)
Task 3: Survey for Healthy Start Participants			
3.1	Draft Healthy Start Participant Survey	1; Electronic	Within four (4) months of EDOTO
	Healthy Start Participant Survey Pre-test Report	1; Electronic	Within six (6) months of EDOTO
3.2	Final Healthy Start Participant Survey OMB clearance/approval for the Participant Survey will be sought once the survey is completed.	1; Electronic	Within eight (8) months of EDOTO
3.3	Healthy Start Participant Survey Responses	1; Electronic, spreadsheet or database	Within eighteen (18) months of EDOTO
Task 5: Collect Data from 13 State/Jurisdiction Vital Record Offices, 13 State PRAMS Programs, and 15 HS Grantees Participating in the PRAMS Oversampling Portion of the Evaluation			
5	Data Collection Plan outlining the mechanism(s) to collect data from HS grantees, PRAMS programs, and state/jurisdiction Vital Record Offices	1; Electronic	Within one (1) month of EDOTO
Task 6: Data Management			
6.1	Data sharing/transfer agreements between HS grantees, Vital Records offices, PRAMS programs and MCHB/HRSA	100; Electronic	Within one (1) month of EDOTO for agencies participating in PRAMS oversampling Within in four (4) months of EDOTO for HS grantees and Vital Records offices participating in Vital Records Linkage only
6.2	Reporting Template for HS Participant's Individual Identifiers	1; Electronic	Within one (1) month of EDOTO
	Final Data Transfer Protocol for Vital Records Data	1; Electronic	Within eight (8) months of EDOTO
	Transferred Vital Records data for HS and non-HS participants – Birth certificate data, 2017	1; Electronic	Within twenty-one (21) months of EDOTO
	Transferred Vital Records data for	1; Electronic	Within thirty-three

	HS and non-HS participants – Death certificate data, 2018		(33) months of EDOTO
6.3	Draft Data Linkage Report (Births)	1; Electronic	Within twenty-one (21) months of EDOTO
	Final Data Linkage Report (Births)	1; Electronic	Within twenty-one (21) months of EDOTO
	Draft Data Linkage Report (Deaths)	1; Electronic	Within thirty-three (33) months of EDOTO
	Final Data Linkage Report (Deaths)	1; Electronic	Within thirty-three (33) months of EDOTO
6.4	Data files for birth records cleaned and prepared to ensure successful linkage between Vital Records, Client-level data, and PRAMS and for analysis	3; Electronic	Within twenty-one (21) months of EDOTO
	Data files for death records cleaned and prepared to ensure successful linkage between Vital Records, Client-level data, and PRAMS and for analysis	3; Electronic	Within thirty-three (33) months of EDOTO
Task 8: Preparation of Interim Evaluation Reports and a Final Evaluation Report			
8.1	Interim Report on Healthy Start Participant Survey Analysis	1; Electronic	Within twenty (20) months of EDOTO
	Interim Report on Health Services Utilization Analysis	1; Electronic	Within twenty-three (23) months of EDOTO
	Interim Report on Outcome Evaluation Analysis	1; Electronic	Within in thirty-four (34) months of EDOTO
8.2	Draft Evaluation Report	1; Electronic	Within in thirty-four (34) months of EDOTO
8.3	Final Evaluation Report	1; Electronic	Within in thirty-five (35) months of EDOTO
Task 9: Coordinate the Technical Expert Panel (TEP) Quarterly Meetings			
9	Quarterly TEP Meeting Agenda and Materials	1; Quarterly; Electronic	Five (5) business days prior to each meeting
	Quarterly TEP meeting minutes from	1; Quarterly; Electronic	Within four (4) days of each meeting

Payment Schedule: Equal monthly payments.

Appendix A
Locations of Vital Records Offices, PRAMS Programs and HS Grantee Sites Participating in the PRAMS Oversampling Portion of the Evaluation

State/Jurisdiction Vital Records Office and PRAMS State Program*	HS Grantee Location**	HS Grantee Level
AL	Birmingham Healthy Start Plus, Inc., Birmingham	2
CT	Community Foundation for Greater New Haven, Inc., New Haven	2
IA	Visiting Nurse Services, Des Moines	2
LA	City of New Orleans, New Orleans	3
MI	Inter-tribal Council of Michigan, Inc., Sault Sainte Marie	2

	Institute for Population Health, Inc., Detroit	3
MO	Maternal and Child Healthy Coalition, Kansas City	2
NC/FL	NC: NC Department of Health and Human Service, Raleigh FL: Reach Up, Inc., Tampa Please note: A final site for NC or FL has not been selected yet; however, the grantee location will be in either NC or FL and not both states	3
NM	La Clinica de Familia, Inc., Las Cruces	1
NY	Monroe County, Rochester	1
NYC	Northern Manhattan Perinatal Partnership	3
OR	Multnomah County, Portland	1
	Health Care Coalition of Southern OR, Medford	1
PA	Healthy Start, Inc., Pittsburgh	3
SC	South Carolina Office of Rural Health, Lexington	2

*VROs participating in the PRAMS oversampling portion of the evaluation may charge $6,000 per HS grantee selected in the state to collect data and engage in monthly linkage of HS participant variables to the birth certificate (total amount shall not exceed $90,000 for the 15 HS grantees).

*PRAMS programs participating in the PRAMS oversampling portion of the evaluation may charge $100 per birth/respondent. Approximately half of the HS participants served are pregnant women; therefore it is estimated that there will be a possible sample of 250 births for Level 1 grantees, 400 births for Level 2 grantees, and 500 births for Level 3 grantees. The total estimated costs are:

Grantee Level	**Estimated Number of Births**	**Cost Per Birth**	**Total**
Level 1 Grantees	5 grantees x 250 births = 1250 births	$100	$125,000
Level 2 Grantees	5 grantees x 400 births = 2000 births	$100	$200,000
Level 3 Grantees	5 grantees x 500 births = 2500 births	$100	$250,000
Total	**5,750**		**$575,000**

**HS grantees participating in the PRAMS oversampling portion of the evaluation may charge $1,500 to engage in monthly linkage of HS participants to vital records and the PRAMS survey (the total amount should not exceed $22,500).

VI. Special Requirements

Records Management: The Contractor is advised to review FAR clauses 52.224-1 and 52.224-2 that are incorporated into this contract and contain the contractor's obligations under the Privacy Act. The Contractor shall direct any questions regarding its obligation to maintain records in accordance with the Privacy Act to the Contracting Officer and/or the Contracting Officers representative (COR). The Contractor shall not dispose of any records generated under this contract or obtained from the government during performance until directed in writing by the Contracting Officer and/or the COR. All data generated during performance of this contract and task order and the parties respective rights to that data are governed by FAR Clause 52.227-14 that is incorporated into the contract. Contractor will work with HRSA Office/Bureau POC and OIT Records Management to ensure that Contingency Plans incorporate the identification of vital records.