Request for Proposals (RFP) No. 2016-HIT-01

Research Projects on Health Information Technology:
Patient Matching, Electronic Health Record Safety and Usability

September 13, 2016

Summary: The Pew Charitable Trusts (“Pew”) is making funding available for certain research projects on health information technology. Specifically, these research projects shall explore the patient safety and cost ramifications associated with current approaches in patient matching and the usability of electronic health records, and methods to improve patient matching. The purpose of this Request for Proposals (RFP) is to solicit proposals from academic institutions, non-profit organizations, and the private sector that address the research questions described herein.

<table>
<thead>
<tr>
<th>KEY DATES</th>
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</thead>
<tbody>
<tr>
<td>Deadline for questions and notification of intent to submit a proposal</td>
<td>September 30, 2016</td>
</tr>
<tr>
<td>Pew’s responses to questions provided to all organizations that expressed</td>
<td>October 7, 2016</td>
</tr>
<tr>
<td>intent</td>
<td></td>
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<tr>
<td>Deadline for submission of proposals in response to this RFP</td>
<td>October 28, 2016</td>
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<tr>
<td>Pew’s determination of finalists for award completed</td>
<td>December 9, 2016</td>
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<td>Anticipated execution date of contractual awards</td>
<td>First quarter of 2017</td>
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About Pew

The Pew Charitable Trusts is driven by the power of knowledge to solve today’s most challenging problems. Pew applies a rigorous, analytical approach to improving public policy, informing the public, and stimulating civic life. We partner with a diverse range of donors, public and private organizations, and concerned citizens who share our commitment to practical, fact-based solutions and goal-driven investments to improve society. For more information about Pew, please see www.pewtrusts.org.

Pew is a nonprofit charitable organization with offices located in Philadelphia, Washington, DC, Brussels and London, and staff that span other regions of the United States and Australia.

Background

Health information technology (IT) is quickly transforming the way health care is delivered by hospitals and physician offices. At the forefront of this paradigm shift—spurred in part by billions of dollars in federal investments—is adoption of electronic health records (EHRs), which clinicians use to track many facets of patient care: from medications prescribed to vital signs, and from laboratory results to end-of-life preferences. Implementation of EHRs have the promise of ensuring that clinicians and patients have the information they need to make informed decisions, enhance quality and safety, reduce costs associated with unnecessary and duplicate care, and improve the efficiencies of interactions between clinicians and patients.

Unfortunately, the vision for EHRs has not fully materialized; this has occurred in part because EHRs often cannot effectively exchange information with one another—known as interoperability—along with deficiencies in the design of the systems, which contributes to patient safety errors, such as patients getting the wrong medicine. To help resolve these issues and achieve the potential of health IT to improve care and reduce costs to patients and healthcare providers, Pew is focused on two key areas:

1) **Patient matching**: Patients’ information is currently scattered throughout the healthcare system, with doctors’ offices and hospitals maintaining their own records on their patients. Given this federated approach, when patients are admitted to the hospital or show up for an appointment, the healthcare facility must locate that individual’s record within their system. All too often, healthcare facilities’ personnel cannot accurately find that person’s record, resulting in the creation of a new record. Hospitals currently dedicate staff and resources to resolve this patient matching problem so that each individual has only one accurate record. In sum, the current approach to matching is inadequate.

This same patient matching challenge exists to an even greater extent when sharing data between healthcare facilities. When patients seek care at a hospital or physician’s office, those facilities seek information from all the healthcare providers seen by the individual. Obtaining these data helps clinicians have the information they need to know if the patient is on a particular medicine, was recently subjected to a series of tests or has any allergies, among the many other key pieces of data that could be contained in an EHR.

Resolving these patient matching issues—including within sites of care, between facilities and among health IT systems generally—would improve the data available for patient care.

2) **EHR safety and usability**: Clinicians use EHRs as a central tool in patient care. These systems help clinicians document the care they provide, display information on patients’ health history
and serve as tools to facilitate interventions—such as the ordering of medications or laboratory analyses.

Despite this increasing reliance on EHRs, their screen design and user interfaces (often referred to as “usability”) can contribute to patient safety errors. These usability-related errors could stem from the number of screens open at a given time, default values in fields, the number and types of automated alerts from the system and various other issues that can inadvertently harm patients. These types of usability flaws have led to the prescribing of the wrong dose of a drug, ordering a test for the incorrect patient or bypassing an alert message that should have been followed.

While discussions on EHR usability have often focused on the frustrations of clinicians in using non-intuitive or time-consuming user interfaces, little research exists on how usability—not EHRs generally—can influence patient care. Further data to demonstrate how EHR usability affects patient safety can help advance reforms by health IT vendors, changes within healthcare institutions and federal policies to address this issue.

**Research questions for proposals**

In response to this RFP, Pew seeks proposals to address one or more of the following research questions:

A) **Research question #1: Information on how data standardization can improve matching rates**

Pew seeks research to assess the improvement in patient matching if the data used to match patients were standardized. For example, patient names are often used for matching, but can appear in EHRs in many, non-standardized ways, such as: a single field for the entire name; three discreet fields for the first, middle and last names; or discreet fields for the first and last names and a middle initial. Similarly, EHRs can list the entire address in a single text field, or parse out the street number, street name, street suffix and other elements to each have their own fields. Standardization of these types of data elements might improve match rates.

For this research question, Pew seeks research that would achieve all of the following:

1) identify core data elements that could be used for matching;
2) evaluate the match rates with those data elements using a typical algorithmic matching approach;
3) standardize those data elements in a manner that is expected to improve matching rates as determined by the responding organization (Respondent);
4) re-test the algorithmic matching approach on the standardized data; and
5) examine whether the standardization of data elements can be replicated across the healthcare system to other hospitals and healthcare providers.

This research is intended to evaluate the match rates between different health systems or provider organizations that are not affiliated with one another. This research is not intended to assess match rates for patients within the same institution.

This research must result in data on: the match rate of each approach tested; the false positive and false negative rates of each approach; and differences in matching rates among certain subpopulations (such as pediatrics). Obtaining matches should not require human interaction or verification; it should be automated at first pass—also known as an attempt—by the matching algorithm. The match rate may involve different “dials” that weight data elements or to change
when a match is made based on the confidence in the match. If using dials, Respondents should include at least three settings: how to obtain the best false negative rate with an adequate false positive rate; how to obtain the best false positive rate with an adequate false negative rate; and how to optimize both the false positive and negative rates.

Respondents may choose the data elements to test and standardize, but at a minimum should include those data elements outlined in the 2014 report from Audacious Inquiry to the Office of the National Coordinator for Health Information Technology. For each data element, the ultimate findings should indicate the relative utility of that data element in obtaining higher match rates and reducing false positives and negatives. This research should not use hospital- or healthcare provider-assigned patient identifiers as part of the data elements.

Respondents may choose to develop a matching algorithm to use on the data sets, or procure a commercially available or otherwise off-the-shelf solution. The algorithm should, in some manner, address data entry errors—such as the transposition of characters in a name, date or address. This research should not, though, focus on reducing data entry errors.

As much as possible, data sets should reflect real world conditions. Respondents may use existing data, such as from EHRs or patient safety organizations, or create a data set for testing. If using a mock data set, respondents must demonstrate how that data set reflects real world conditions.

The testing must evaluate the match rate for both approaches—using non-standardized data and data that are standardized—within the same data set. Respondents may indicate that they will change the data by converting it to a standard format (such as by converting all addresses into a standard format that lists street numbers in a different field than street names). Respondents may choose to use an existing data set (such as from a health information exchange) or create a test data set.

Respondents may also choose to test whether the addition of non-healthcare data—such as from credit bureaus or the U.S. Postal Service—would further help validate, update or otherwise enhance the match rates associated with both non-standardized and standardized data. If choosing to use non-healthcare data, Respondents should indicate how they would obtain these data and the costs of obtaining the data. For each non-healthcare data source, the findings should indicate the relative utility of each non-healthcare data source to improving match rates.

B) Research question #2: Patient matching safety implications:

Pew seeks new data points to illustrate the patient safety and care quality ramifications of inadequate matching—both within a healthcare facility upon the patient’s registration and between two or more healthcare facilities when exchanging data on the individual.

This research must clearly demonstrate how failure to match patients accurately has directly led to patient harm or reduced care quality. The research should qualify the types of harm and effect on care quality—for example, whether patients died, the average increase in hospital stay or other outcomes to provide concrete information on the negative ramifications of inadequate match rates.

C) Research question #3: Patient matching cost implications:
Pew seeks new data points to illustrate the cost implications of inadequate matching. These costs could be accrued by individual offices or health systems, healthcare payers, and/or patients. Research focused on increased costs to Medicare or other public programs would be particularly useful, but is not required. Costs may be a result of duplicate testing (because providers could not match patients accurately to obtain recent results), resource and personnel costs to resolve inaccurate matches, or other factors.

Data points developed through this research must clearly show how failures to match patients accurately have affected costs and should quantify those costs—ideally on either a regional or national scale.

The focus of this research should involve efforts to match patients within a healthcare facility or across multiple healthcare facilities, or both.

D) Research question #4: EHR usability safety implications:

Pew seeks new data points to illustrate the patient safety and care quality ramifications of poor EHR usability. This research may, for example, illustrate the prevalence of patients being administered the wrong dosage of a medication as a result of usability-related issues, failure of clinicians to observe alerts resulting in a contraindicated medical intervention that adversely affected patient outcomes, or other data points that clearly articulate how EHR usability can affect patient safety and care quality.

Data points developed through this research must indicate the typology of how it resulted in patient harm—for example, whether patients died, the average increase in hospital stay or other quantitative data points to provide concrete information on the negative ramifications of inadequate EHR usability.

Considerations for all research questions

To address these issues—patient matching as well as EHR usability—Pew seeks proposals on each of the research questions above. **Respondents should consider each of these research questions as separate projects. Respondents are permitted to submit a proposal on one or more research questions. If submitting a proposal on more than one research question, the Respondent must submit independent proposals for each question, including a separate work plan and budget for each question.**

For all research questions, Respondents must take into account the following considerations:

- **New data.** Projects should involve the development of novel data points that have not been previously published or updated versions of previously published data. These novel data points may be obtained through an analysis of publicly available data, an assessment of data contained in a proprietary system (such as a hospital’s EHR system or a state health information exchange), the generation of new patient-level data or via other methods. Projects must include new quantitative data points, though additional qualitative information could provide context and strengthen the proposal.

- **Options for data sources.** Projects may include analysis of data from a single institution, across multiple healthcare facilities or via regional and national databases. Regardless of the data source chosen, the final research should have nationwide applicability. Proposals may involve surveys...
of patients or healthcare providers, but the new data points should not originate solely from surveys.

- **Options for case studies.** Respondents may choose to obtain data on specific case studies—such as via the experiences of a small number of hospitals or involving clinical areas, such as obstetrics or end-of-life care. However, any proposals involving case studies should have at least three case studies to broaden the applicability of the findings.

- **Importance of data to matching and usability.** The data and research should sufficiently advance existing research on patient matching and EHR usability. For example, Respondents choosing to use clinical case studies should ensure that the findings primarily advance knowledge on patient matching or EHR usability—not on the clinical areas used as examples.

- **Pew’s role.** Respondents should consider—and incorporate into the approach as needed—that Pew intends to be actively engaged in overseeing the research plan and analysis of the data, and in reviewing drafts of documents. Pew may, for example, provide input on methodologies used to gather data or require or review and provide edits to any written documents associated with the research. Pew also intends to participate in biweekly or monthly calls—as needed based on specific proposals—with any selected organizations to provide guidance on research projects to ensure that they meet Pew’s needs.

- **Use of research.** Pew will use the research as part of discussions—with the media, federal policymakers, hospitals, physician offices, health IT vendors and patient organizations—to illustrate the patient safety, quality and cost repercussions associated with inadequate matching as well as EHR safety and usability.

- **Timeline.** Proposals should take no longer than 6 months to collect and analyze the data, and 3 additional months to publish the findings, for a total of up to 9 months.

### Requirements for proposals

Proposals shall be in a Word document, and must include the following sections. If submitting a proposal on more than one research question, the Respondent must submit independent, complete proposals—addressing all of the sections below—for each research question:

1. **Title page:** Indicate the name of the organization submitting a proposal and a reference to the specific research question addressed by the proposal.

2. **Approach and methodology:** Description of Respondent’s approach to the project, including potential methodology and data sources. The methodology should clearly indicate whether the Respondent intends to generate new data or analyze existing data in a novel way. Methodology should indicate, if applicable, whether an institutional review board is necessary for the project and how the Respondent intends to secure approval. This section should also indicate how the findings are generalizable across the United States, across various EHR platforms (i.e. those made by different vendors) and any limitations to broader applicability of the findings. Finally, the approach should outline how the findings are expected to complement, add to and sufficiently advance existing research in the field.

3. **Workplan:** Delineate the deliverables to be created and tasks to be conducted and outline a timeline for completing those activities. The final deliverable of a project must result in a document that can be publicly released and cited. This may involve the publication of a report or manuscript published and branded by the Respondent organization, a web article for a prominent healthcare policy blog or other publication options. This timeline should indicate Pew’s role in the research, including when Pew would review and request edits to drafts of the deliverables.

4. **Anticipated challenges:** Describe any challenges that may prevent the project from being completed and the Respondent’s plans for addressing those barriers.
5. **Project team**: Describe the team that would work on the project, their roles, and their qualifications. Respondents may include CVs or resumes of the proposed project team members.

6. **Organizational qualifications**: Describe any previous experience(s) and similar projects that make your organization qualified for this project. If subcontractors are used, describe the qualifications of subcontractors and why they are required.

7. **Cost**: Provide a budget proposal using the Budget Template, attached as Appendix A. The budget must describe the Respondent’s proposed fee for the project, and should be deliverables-based. The budget should include an explanation of the calculation of the fee (including staff time), the cost of sub-components and the cost of direct expenses, including anticipated travel. Budget items should be as detailed as possible. For example, travel costs should indicate how many trips, departure and destination information for each trip, and estimates for airfare, lodging, local transportation and food. We will accept ranges in budgets, but these must also be provided at the sub-item level. Please see Appendix A for a budget template.

8. **Provider Summary**: Complete the Provider Summary form found in Appendix C. Proposals will be assessed based on completeness of and any risks identified in the Provider Summary.

**Review criteria and evaluation process**

In order to select finalists for award, proposals in response to this RFP will be assessed by Pew based on the following criteria:

- **Approach and methodology**. How detailed is the proposal? Will the approach accurately and comprehensively meet the goals as outlined by Pew? How compelling are the data that this research would uncover? How broadly applicable would the findings be? How would the findings complement, add to and advance the current research in the field?

- **Anticipated challenges**. Have anticipated challenges been sufficiently thought through and addressed? Are any of the anticipated challenges likely to make the research unachievable or make the findings unreliable?

- **Project team**. Which staff are dedicated to the project, and what are their qualifications? Does the organization have relevant subject matter expertise and contact with key stakeholders?

- **Overall qualifications**. Does the organization have prior experience conducting similar work? Does the organization have a proven track record of success in similar work?

- **Timeline**. Is the proposed timeline competitively efficient? Does the proposed timeline realistically reflect the length of the needed research and writing of a document for public dissemination?

- **Cost**. How competitive is the cost proposal? How detailed is the budget? What is the preferred, deliverables-based payment schedule? Are the proposed costs reasonable?

Respondents to this RFP are responsible for ensuring that their proposals are received by Pew in accordance with the instructions, terms, and conditions described in this RFP. Failure to adhere with instructions described in this RFP may lead to disqualification of a proposal from consideration.
All proposals received on or before 5:00PM ET on October 28, 2016—and that meet the RFP requirements—will be reviewed and considered by Pew based on the review criteria outlined above. Finalists will be selected at the discretion of Pew.

Pew may negotiate and/or request additional or revised information from any Respondent prior to award.

Pew expects to enter agreement(s) with potential providers in the first quarter of 2017. Pew may enter agreements for all, some, or none of the research questions, and may choose to fund multiple projects within a particular research question. Pew may split awards among various Respondents.

Q&A and proposal submission process

- **Expressions of interest.** Any organization or individual interested in submitting a proposal in response to this RFP must submit an expression of interest via email by 5:00PM ET on September 30, 2016. Pew will only distribute additional clarifications and answers to questions to those entities that have submitted an expression of interest. Any expression of interest must include:
  - Entity’s legal name,
  - Entity’s point of contact details, including name, phone number, and email address, and
  - A reference to the specific research question that the entity intends to address in its proposal.

- **Questions.** Any questions regarding the technical or administrative requirements of this RFP must be submitted no later than 5:00PM ET on September 30, 2016. Questions must be submitted in writing; phone calls will not be accepted. Questions and requests for clarification—and the responses thereto—that Pew believes may be of interest to other entities will be circulated to all RFP recipients who have indicated an interest in submitting a proposal.

- **Point of contact.** Expressions of interest, questions, and proposals will be accepted by e-mail only. Please email expressions of interest, questions, and proposals to HealthIT@pewtrusts.org. The Pew point of contact regarding this RFP is:

  Jasen Andersen  
  Manager, Contracts and Procurement Services  
  The Pew Charitable Trusts  
  901 E Street NW  
  Washington DC, 20004  
  Telephone: 202.540.6864

RFP terms and conditions

By submitting a proposal in response to this RFP, Respondent certifies that it understands and agrees that:

1. This RFP and its attachments are considered confidential and/or proprietary by Pew and will not be duplicated, used or disclosed in whole or in part, for any purpose other than for reviewing, evaluating and/or preparing a response to this request without the express written consent of Pew.

2. This RFP is not an offer to contract with any Respondent. Pew is not obligated to issue any award as a result of this RFP.
3. Pew reserves the right, in its sole discretion, to cancel or amend this RFP at any time.

4. Respondent grants to Pew the right to duplicate, use, disclose, and distribute all of the information and other materials submitted in response to this RFP.

5. Respondent represents and warrants that it has full and complete rights to all of the information and materials included in its proposal.

6. Respondent guarantees that all such information and materials included in the proposal are not defamatory and do not infringe upon or violate the privacy rights, copyrights, or other proprietary rights of any third party.

7. Any submission to Pew will become the property of Pew (not including any intellectual property rights contained in such submission), and Pew is not required to return any submitted materials to any Respondent. Please indicate in your proposal the extent to which any information provided by your company is considered proprietary.

8. Pew has the right to reject any proposal for any reason.

If a respondent’s proposal is selected for funding, the selected respondent (“Selected Respondent”) will be required to sign binding Master Terms and Conditions (“MTCs”) and a Project Agreement (“Project Agreement”) that, together with the MTCs, are collectively referred to as “Agreement”. Until both Pew and the Selected Respondent have signed the Agreement, no express or implied commitment has been made by or on behalf of Pew to provide financial support. The Selected Respondent is not authorized to commence work until the Agreement is fully executed. If a Selected Respondent opts to commence work, it does so at its own risk. No oral or written statement other than the signed, written Agreement will govern or modify the relationship.

In the event a proposal is selected for award and funding by Pew, a summary of some critical Conditions of Agreement that will govern the resulting Agreement are included below as Appendix B.

The Selected Respondent must be able to comply with a number of requirements that will be included in the Agreement, including but not limited to those set forth on Appendix B attached hereto. As noted above, if a respondent cannot agree to any specific term or condition of agreement set forth in Appendix B, it must provide (in an appendix to its proposal) a statement indicating which condition(s) it cannot agree to, an explanation as to why (including citations to any relevant statutes that may govern such position) and what it can agree to with respect to the subject matter of the condition(s).
Appendix A
Budget and Payment Schedule Template

Detailed budget information must be provided in each proposal. Please use the below template for providing budget information. Please note that for salary-related information, there are two different formats – one for non-profit [501(c)(3)] organizations and one for for-profit organizations.

Format for salary-related information for non-profit [501(c)(3)] organizations:

<table>
<thead>
<tr>
<th>Salaries</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert name], [insert title], at [insert daily rate] per day for [insert number] days per month for [insert number] months. Total number of days: [insert number]. [daily rate example]</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

[Daily rate example]

<table>
<thead>
<tr>
<th>Salaries</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert name], [insert title], at [insert daily rate] per day for [insert number] days per month for [insert number] months. Total number of days: [insert number]. [daily rate example]</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

| Salaries Subtotal | $ |

Employee Benefits

Based on [insert number]% of total salaries

| Employee Benefits Subtotal | $ |

Indirects

Based on [insert percent]% of total salaries and benefits

| Indirects Subtotal | $ |

Format for salary-related information for for-profit organizations:

<table>
<thead>
<tr>
<th>Salaries</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert name], [insert title], at [insert daily rate] per day for [insert number] days per month for [insert number] months. Total number of days: [insert number]. [daily rate example]</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salaries</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[insert name], [insert title], at [insert daily rate] per day for [insert number] days per month for [insert number] months. Total number of days: [insert number]. [daily rate example]</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

| Salaries Subtotal | $ |

All organizations must provide their additional costs in the following format:

<table>
<thead>
<tr>
<th>Travel</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$[insert amount per trip] for [insert number] trip(s) from [insert departure location] to [insert arrival location] to [insert purpose] for ([insert name if there is more than one person listed in</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
the fees section). Each trip includes:

*{when there is more than one traveler use this format}*  
$[insert amount per trip] per trip per person for [insert number] people ([insert names or describe the group of people]) for [insert number] trips from [insert departure location] to [insert arrival location] to [insert purpose]. Each trip includes:

*complete the relevant categories*

- $[insert total amount for airfare per trip] for roundtrip airfare
- $[insert total mileage amount per trip] for mileage at approximately [insert number] miles per trip at $[insert IRS mileage rate] per mile
- $[insert total amount for lodging per trip] for lodging at $[insert nightly rate] per night for [insert number] night(s)
- $[insert total amount for meals per trip] for meals at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for ground transportation per trip] for [insert ground transportation type, e.g. taxi, car rental, subway, etc.] at $[insert daily rate] per day for [insert number] day(s)

*{when there is one traveler use this format}*  
$[insert amount per trip] for [insert number] trip(s) to [insert location] to [insert purpose] for ([insert name if there is more than one person listed in the fees section]). Each trip includes:

*{when there is more than one traveler use this format}*  
$[insert amount per trip] per trip per person for [insert number] people ([insert names or describe the group of people]) for [insert number] trips from [insert departure location] to [insert arrival location] to [insert purpose]. Each trip includes:

*complete the relevant categories*

- $[insert total amount for airfare per trip] for roundtrip airfare
- $[insert total mileage amount per trip] for mileage at approximately [insert number] miles per trip at $[insert IRS mileage rate] per mile
- $[insert total amount for lodging per trip] for lodging at $[insert nightly rate] per night for [insert number] night(s)
- $[insert total amount for meals per trip] for meals at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for ground transportation per trip] for [insert ground transportation type, e.g. taxi, car rental, subway, etc.] at $[insert daily rate] per day for [insert number] day(s)

Travel Subtotal

$[insert total amount for travel] for [insert number] days at $[insert daily rate] per day (approximately [insert number] days for [insert number] months)

Subcontracts/Subgrants

[insert name], [insert title] ([insert location]), [insert brief description of what they will do]

Fees: $[insert total fee amount]

[insert number] days at $[insert daily rate] per day (approximately [insert number] days for [insert number] months)
arrival location] to [insert purpose] for ([insert name if there is more than one person listed in the fees section]). Each trip includes:

[when there is more than one traveler use this format]
$[insert amount per trip] per trip per person for [insert number] people ([insert names or describe the group of people]) for [insert number] trips from [insert departure location] to [insert arrival location] to [insert purpose]. Each trip includes:

[complete the relevant categories]
- $[insert total amount for airfare per trip] for roundtrip airfare
- $[insert total mileage amount per trip] for mileage at approximately [insert IRS mileage rate] per mile
- $[insert total amount for lodging per trip] for lodging at $[insert nightly rate] per night for [insert number] night(s)
- $[insert total amount for meals per trip] for meals at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for ground transportation per trip] for [insert ground transportation type, e.g. taxi, car rental, subway, etc.] at $[insert daily rate] per day for [insert number] day(s)

Meetings: $[insert total amount for meetings]
$[insert amount per meeting] to [choose one: host or attend] [insert conference name] to [insert purpose for meeting] for [insert number of people] to be held in [insert location] on [insert dates]. Costs include:

[Complete the relevant categories]
- $[insert total amount for event space per meeting] for event space at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for A/V per meeting] for Audio/Visual at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for food & beverage per meeting] for food and beverages at $[insert daily rate] per person per day for [insert number] day(s)
- $[insert total amount for supplies per meeting] for [insert supply name, e.g., flipcharts and nametags]
- $[insert total amount for registration fee] for meeting registration fee to attend [insert meeting/conference name] on [insert dates] for [insert names]

Subcontracts Subtotal

Conferences and Meetings
$[insert amount per meeting] to [choose one: host or attend] [insert conference name] to [insert purpose for meeting] for [insert number of people] to be held in [insert location] on [insert dates]. Costs include:

[Complete the relevant categories and then delete the others]
- $[insert total amount for event space per meeting] for event space at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for A/V per meeting] for Audio/Visual at $[insert daily rate] per day for [insert number] day(s)
- $[insert total amount for food & beverage per meeting] for food and beverages at $[insert daily rate] per person per day for [insert number] day(s)
- $[insert total amount for honoraria] for honoraria at $[insert daily rate] per person
per day for [insert number] people
- $[insert total amount for supplies per meeting] for [insert supply name, e.g., flipcharts and nametags]
- $[insert total amount for 3rd party travel] for third-party travel costs for [insert number of people and description (e.g., researchers)] at $[insert amount] per person
  - $[insert total amount for lodging per trip] for lodging at $[insert nightly rate] per night for [insert number] night(s)
  - See additional examples in the travel section
- $[insert total amount for registration fee] for meeting registration fee to attend [insert meeting/conference name] on [insert dates] for [insert names]

<table>
<thead>
<tr>
<th>Conferences and Meetings Subtotal</th>
<th>$</th>
</tr>
</thead>
</table>

**Communications and Materials**

[Insert purpose]:
(e.g., Production and printing of brochure, stickers and signs that highlight the values of conserving wilderness and the value to local economies)
- $[insert total amount for this line item] for [insert number] [insert name of item] at $[amount per piece] per [insert name of item] (e.g., $500 for 1,000 signs at $0.50 per sign)

<table>
<thead>
<tr>
<th>Communications Subtotal</th>
<th>$</th>
</tr>
</thead>
</table>

**Equipment**

[Insert purpose]:
(e.g., Data Storage for raw data that measures the value of wilderness to local economies)
- $[insert total amount for this line item] for [insert number] [insert name of item] at $[amount per piece] per [insert name of item] (e.g., $100 for 2 external hard drives at $50 per hard drive)

<table>
<thead>
<tr>
<th>Equipment Subtotal</th>
<th>$</th>
</tr>
</thead>
</table>

| TOTAL | $ |

**Payment Schedule**

Pew expects to make milestone payments in accordance with the delivery and acceptance of deliverables provided. Please fill in the sample chart below with any relevant detail.

<table>
<thead>
<tr>
<th>Deliverable/Milestone</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliverable 1 (to be defined by Respondent)</td>
<td></td>
</tr>
<tr>
<td>Deliverable 2 (to be defined by Respondent)</td>
<td></td>
</tr>
<tr>
<td>Deliverable 3 (to be defined by Respondent)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Payments will be made upon successful completion of deliverables as outlined in the final Scope of Work. The final payment schedule will be developed with the Selected Respondent prior to the execution date of the definitive agreement.
APPENDIX B
CONDITIONS OF AGREEMENT

1. The Selected Respondent must make the following representations and warranties (among others): that (a) all work under the Agreement shall be performed, and the Work Product (as defined in the Agreement) be produced, in a professional manner consistent with reasonable commercial standards in its industry; and (b) the Selected Respondent’s employees and/or subcontractors shall be experienced, properly trained or otherwise qualified and capable of performing the work required by the Agreement.

2. The Selected Respondent must agree to the following indemnification provisions:
   a. The Selected Respondent shall indemnify, protect, defend and hold harmless Pew and its officers, directors, employees, agents, affiliates and contractors from and against any and all claims, liabilities, damages, losses, expenses, demands, suits and judgments, interest, and expenses including without limitation reasonable attorneys’ fees and costs, arising from or relating to (i) Selected Respondent’s breach of any provision, representation, warranty, covenant or obligation under the Agreement; (ii) Selected Respondent’s performance under the Agreement and (iii) the intentional misconduct or negligent acts or omissions, of Selected Respondent or Selected Respondent’s employees and/or subcontractors in connection with its performance under the Agreement.
   b. In the event that any federal, state or local government or administrative agency, or other regulatory entity, or any court determines that Selected Respondent or Selected Respondent’s employees and/or subcontractors acted as an employee of Pew in conducting work under the Agreement, Selected Respondent (i) waives any and all claims that Selected Respondent may have as a result of any such determination and acknowledges that Selected Respondent agreed to work with the understanding that neither Selected Respondent nor its employees and/or subcontractors has any right or entitlement to any benefit under any of Pew’s employee benefit plans or programs; and (ii) agrees to indemnify and hold Pew harmless from all liabilities, costs and expenses (including, but not limited to, reasonable attorneys’ fees) incurred by Pew as a result of, or related to, such a determination.

3. The Selected Respondent must agree that (a) all Work Product (as defined in the Agreement) developed under the Agreement shall be either a “work owned by Pew” or a “work made for hire” for Pew under Section 101 of Title 17 of the United States Code as it now stands or as later amended, and (b) Pew will own the intellectual property created under the Agreement. The Selected Participant also shall provide Pew, in a form satisfactory to Pew, a copy of any and all Datasets (as defined in the Agreement) and grant to Pew a nonexclusive, royalty-free, irrevocable, worldwide license to use Datasets for non-commercial purposes (and, if necessary, obtain such licenses for Pew from third parties).

4. If the Selected Respondent wishes to publish any portion of the Work Product developed under the Agreement, the Selected Respondent must agree that:
   a. Pew has the right of first publication and distribution of the Work Product and that the Selected Respondent may only pursue publication of derivative works of the Work Product after Pew has published the Work Product.
b. The Selected Respondent will provide due recognition of Pew’s role in originating and funding the research in any publication of the Work Product.

5. At the Selected Respondent’s expense, the Selected Respondent shall procure and maintain the following insurance coverages for itself and its employees, if any, during the term of the Agreement:

   a. General Liability insurance covering bodily injury, property damage and contractual liability with limits of not less than $1,000,000 per occurrence, $2,000,000 aggregate. Pew shall be added as an additional insured to the Selected Respondent’s general liability insurance policy. The Selected Respondent’s general liability insurance policy shall be primary and Pew’s insurance shall not contribute until the Selected Respondent’s insurance is exhausted.

   b. Workers’ Compensation insurance in accordance with the statutory requirements of the state or states in which the Selected Respondent will work under the Agreement, and Employer’s Liability insurance of not less than $500,000 each accident for bodily injury by accident, and $500,000 each employee and policy limit for bodily injury by disease.

Certificates of insurance evidencing the required coverages must be submitted to Pew before work may begin and Selected Respondent must certify that its permitted subcontractors, if any, have the required coverages. The Selected Respondent and its applicable insurance carriers must waive subrogation rights against Pew. The Selected Respondent will ensure that its insurance carriers notify Pew within thirty (30) days if any of the Selected Respondent’s policies are canceled, not renewed, or materially altered.

6. The Selected Respondent must agree not to actively recruit anyone then currently working for Pew during the term of the Agreement, and for twelve (12) months thereafter.

7. The Selected Respondent must agree that the Agreement will be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania and that the state and federal courts in Philadelphia, Pennsylvania will have exclusive jurisdiction over any and all disputes arising out of, or in any way related to the Agreement, and that the Selected Respondent shall submit to the personal jurisdictions of such courts.

8. The Selected Respondent must not use the names, logos, or any other marks owned by or associated with Pew, including any Pew department or project name, for marketing or advertising purposes, or on any form of publicity (including in the Respondent’s publicly distributed client lists, on the Respondent’s websites, or in any of the Respondent’s other promotional materials) without Pew’s prior written consent in each instance which consent may be withheld by Pew in its sole and absolute discretion.

Other material terms and provisions will be set forth in the Agreement provided to the Selected Respondent.

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Appendix C
Provider Summary Template

(Please see below.)
THE PEW CHARITABLE TRUSTS
Provider Summary
(Entities with multiple employees)

It is recognized that the information contained herein is business sensitive and will be held in confidence and used by Pew for due diligence purposes.

Provider (Entity Name):________________________________________________________

PLEASE COMPLETE THE BELOW FIELDS AND QUESTIONS ACCURATELY AND TO THE BEST OF YOUR KNOWLEDGE:
(Note: All Providers must complete Sections A, B, C and D. Nonprofits must also complete Section E):

A. TYPE OF PROVIDER

☐ Nonprofit ☐ For Profit ☐ Government/Tribe

☐ Intergovernmental/
  Multilateral/
  Regional
  Organization

State (or, if international entity, country) of incorporation/organization:
____________________________________________________

Type of entity (e.g., LLC, corporation, 501(c)(3), 501(c)(4), regional organization):
____________________________________________________

# of Employees: __________ Dun & Bradstreet (DUNS) # (if available): ______________________

If you have a parent entity or affiliates, please list them below, including state or country of incorporation:
____________________________________________________

B. CONTACT INFORMATION

Provider Project Lead: ________________________ Title: _____________________________

Provider Address, Phone and Email:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
C. FINANCIAL HISTORY

1. Apart from revenue received under this proposed agreement, will your Organization have access to unrestricted working capital throughout the term of this agreement to meet all its financial obligations in a timely manner?  
   If no, please explain:
   □ Yes  □ No

2. Please provide your Organization’s total revenue for its most recently completed fiscal year (including revenue from Pew) and projected revenue for its next fiscal year (including revenue from Pew, including this agreement effort). If your Organization’s fiscal year constitutes a 12-month period other than January 1st to December 31st, please indicate what period each fiscal year constitutes.

   Most Recently Completed Fiscal Year’s Gross Revenue
   FY____ $____________

   Current or Next Fiscal Year’s Gross Projected Revenue
   FY____ $____________

D. GENERAL QUESTIONS

3. During the past two fiscal years, have you or your Organization been involved in any active or threatened litigation or government investigation that may negatively affect your/its ability to perform or fulfill your/its obligations under this proposed agreement?  
   If yes, please explain:
   □ Yes  □ No

4. During the past two fiscal years, have you or any principal, officer, or other person publicly associated with your Organization (a) been the subject of any negative publicity about his/her/its financial, personal, and/or management integrity or (b) been the focus of any other public scrutiny that either (1) negatively affects your ability to perform or fulfill your obligations under this proposed agreement or (2) would be a potential concern to Pew?  
   If yes, please explain:
   □ Yes  □ No

5. Do you know of any actual or potential conflicts of interest in connection with you, your Organization’s, or your Organization’s personnel’s performance under this proposed agreement?  
   (NOTE: A conflict of interest may arise in any situation in which the Organization or its personnel have a personal, financial relationship, or other business relationship with Pew or its personnel or board.)  
   If yes, please explain:
   □ Yes  □ No
E. RELATED ENTITIES & AUDITS [NONPROFIT ONLY]

6. If you are a non-profit entity, do you have any related entities?  □ Yes  □ No
   If yes, please provide the names and descriptions of the related entities (for example: a (c)(3) public charity, a (c)(4) social welfare organization, a (c)(6) association, or a Political Action Committee):

7. If you are a non-profit entity, does an external auditor perform an independent annual audit of your Organization’s financial statements?  □ Yes  □ No
   If an external audit has been performed, did the Organization’s two most recent audits receive unqualified (favorable) opinions?  □ Yes  □ No
   If the Organization did not receive unqualified opinions, please explain:

   If no external audit has been performed, has the Organization undergone an independent financial review?  □ Yes  □ No

8. If you are a non-profit entity, has your Organization experienced more than a 15% fluctuation in its total annual revenue in either of its past two fiscal years?  □ Yes  □ No
   If yes, please identify the fluctuation (increase or decrease) and explain:

9. If you are a non-profit entity, has your Organization experienced an operating deficit (i.e., total operating expenses exceeded total operating revenue/income) in either of its past two fiscal years?  □ Yes  □ No
   If yes, please explain:

CERTIFICATION

By signing below I certify that, to the best of my knowledge and belief, all of the information above is complete and accurate.

__________________________________________
Provider, Provider CEO, CFO or other person with authority to make the above representations and bind the Individual or Organization

__________________________
Date

__________________________
Title