SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER

PAGE 1 OF 11

2. CONTRACT NO.

3. AWARD/ EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER: 75H70526R00011

6. SOLICITATION ISSUE DATE: 06/08/2026

7. FOR SOLICITATION INFORMATION CALL:
a. NAME: WINONA KITTO
b. TELEPHONE NUMBER *(No collect calls)*

8. OFFER DUE DATE/LOCAL TIME: 1700 ET 07/08/2026

9. ISSUED BY CODE 235

Indian Health Service
2225 Cooperative Ct NW, Rm 200
Bemidji MN 56601

10. THIS ACQUISITION IS
☐ UNRESTRICTED OR ☒ SET ASIDE: 100 % FOR:
☒ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)
☐ WOMEN-OWNED SMALL BUSINESS (WOSB)
☐ ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
☐ 8(A)

NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 541990

SIZE STANDARD: $19.5

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED
☐ SEE SCHEDULE

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
☐ REQUEST FOR QUOTE (RFQ) ☐ INVITATION FOR BID (IFB) ☐ REQUEST FOR PROPOSAL (RFP)

15. DELIVER TO CODE

16. ADMINISTERED BY CODE 235

Bemdiji Area Indian Health Service
2225 Cooperative Ct NW, Rm 200
Bemidji MN 56601

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE

PROSPECTIVE OFFERORS

TELEPHONE NO.

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☐ SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	SEE ATTACHED *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Government Use Only)*

☐ 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

☐ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

☐ 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA *(SIGNATURE OF CONTRACTING OFFICER)*

30b. NAME AND TITLE OF SIGNER *(Type or print)*

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER *(Type or print)*: JENNIFER L. RICHARDSON

31c. DATE SIGNED

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
☐ PARTIAL ☐ FINAL			☐ COMPLETE ☐ PARTIAL ☐ FINAL	

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY *(Print)*	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT *(Location)*	
		42c. DATE REC'D *(YY/MM/DD)*	42d. TOTAL CONTAINERS

SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 CONTRACT ADMINISTRATION DATA

Contract Administration: All contract administration matters will be handled by the following individuals:

CONTRACTOR NAME AND ADDRESS:

EIN/TIN#_____
UIE SAMS#_____
CAGE#_____

NAME:_____
TELEPHONE:_____
EMAIL: _____

DELIVERY ADDRESS:
Bemidji Area Office
2225 Cooperative Court NW
Bemidji, MN 56601

CONTRACTOR REGISTRATION: All required information must be in the System for Award Management (SAM) at www.sam.gov.

GOVERNMENT:

Winona Kitto
Indian Health Service
2225 Cooperative Ct NW, Rm 202
Bemidji, MN 56601
Winona.kitto@ihs.gov

Jennifer Richardson
Indian Health Service
2225 Cooperative Ct NW, Rm 202
Bemidji, MN 56601
Jennifer.richardson@ihs.gov

The associated North American Industrial Classification System (NAICS) code: 541990– All Other Professional, Scientific and Technical Services

PSC: U009 – Education/Training - General

CONTRACT TYPE: Firm-Fixed Price

INVOICES: In accordance with the Prompt Payment Act, payment will be due 15 days after receipt of services or receipt of a proper invoice, whichever is later.

INVOICE INSTRUCTIONS:

Electronic Invoicing and Payment Requirements - Invoice Processing Platform (IPP) Payment requests must be submitted electronically through the U. S. Department of the Treasury's Invoice Processing Platform System (IPP).

"Payment request" means any request for contract financing payment or invoice payment by the Contractor. To constitute a proper invoice, the payment request must comply with the requirements identified in the applicable Prompt Payment clause included in the contract, or the clause 52.212-4 Contract Terms and Conditions - Commercial Items included in commercial item contracts. The IPP website address is: https://www.ipp.gov.

Under this contract, the following documents are required to be submitted as an attachment to the IPP invoice:

- A copy of the Contractor's invoice shall be included with the IPP invoice. If no invoice is attached, the Invoice will be rejected;

- Contractor's Invoice shall contain:

  * Contract number

  * SAM's Registration - Unique Identity Number (UEI Number)

  * EIN or Tax ID Number

  * List of deliverables;

- Timesheets if applicable - Number of hours worked with corresponding labor category and rate

HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022)

(a) Definitions.

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.

(c) The Contractor may submit payment requests using other than IPP only when the Contracting Officer authorizes alternate procedures in writing in accordance with HHS procedures.

(d) If alternate payment procedures are authorized, the Contractor shall include a copy of the Contracting Officer's written authorization with each payment request.

Unless otherwise agreed to by the contracting officer per HHSAR 352.232-71(c), the use of IPP shall take precedence over previously established invoicing procedures.

Improperly prepared invoices or statements shall be returned to the contractor and may delay payment.

BID SCHEDULE/DELIVERABLES

CLIN	DESCRIPTION	QTY	HRLY RATE	TOTAL
01)	Content prep and Stakeholder Advisory Board interviews to guide curriculum creation	100 Hrs	$_____	$_____
02)	Curriculum development/adaptation (anticipate at least 4 patient sections, provider overview, community context)	250 Hrs	$_____	$_____
03)	Training (20 providers), Live, instructor Led training	20 EA	$_____	$_____
04)	Final product, report and closeout	1 EA	$_____	$_____
			CUMMULATIVE TOTAL:	$_____

PERFORMANCE WORK STATEMENT

Background:

The mission of the Indian Health Service (IHS) is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level. Similarly, the IHS Vision is to support healthy communities and quality healthcare systems through strong partnerships and culturally responsive practices. IHS provides evidence-based care for American Indians/Alaska Natives (AI/ANs). The IHS promotes quality of care through policy and program development and oversight, as well as operational oversight, using innovative approaches, collaborating with tribal partners, and elevating the importance of working with cultural knowledge-keepers and culturally congruent care models.

The AI/AN population experiences disparities with overdose and Substance Use Disorder (SUD), and evidence-based prevention strategies are necessary.

- In July 2022, the CDC's National Center for Health Statistics reported that from 2019 to 2020, overall drug overdose death rates (per 100,000 people) increased 39 percent among AI/AN

persons. During that time, deaths rose more than 500 percent among AI/ANs. The actual number of fatalities for AI/ANs may be underestimated by up to 35 percent.
- The AI/AN population had the highest drug overdose death rates in both 2020 and 2021, at rates of 42.5 and 56.6 deaths per 100,000 persons, respectively.
- The AI/AN population also experienced a 33 percent increase in drug overdose deaths from 2020 through 2021.
- In both 2022 and 2023, the age-adjusted rate of drug overdose deaths was highest for American Indian and Alaska Native people (65.2 and 65.0, respectively).

The IHS has a robust workforce development program that aligns with the IHS Strategic Plan 2025 – 2029 Objectives 1.1 and 2.1. To implement new, evidence-based care models, stakeholder engagement is necessary to develop culturally responsive, evidence-based clinical practice guidelines that support practice translation and implementation. This is especially important when treating chronic pain, as it will require educating health professionals and patients alike across a variety of clinical settings, including primary care, integrated pain management, outpatient rehabilitation, dental, and behavioral health. Educational strategies must be heritage informed and culturally congruent.

To support this training intervention, the IHS is contracting a vendor to culturally-adapted an evidenced-based strategy that aligns with the biopsychosocial model of care, existing clinical practice guidelines, and value-based care requirements. The curriculum will emphasize patient education and self-management fundamentals, recognize the role of historical and intergenerational trauma, and reduce low-value interventions. For these reasons, the curriculum will need to be specific and adapted in a culturally-congruent way for delivery across a spectrum of ages. This intervention will be delivered by qualified health providers (e.g., physical therapists/rehab professionals, social workers, RNs, pharmacists, and MD/APRNs) in the medical setting as a treatment adjunct and secondary prevention strategy, aiming to reduce chronicity, disability, and healthcare overutilization. Additionally, the intervention may be delivered by trained paraprofessionals (CHRs or peer specialists) in the community setting. The anticipated outcomes of this training intervention include improvements in patients' pain knowledge, reductions in catastrophizing and fear, and enhanced coping mechanisms without reliance on prescriptions or self-treatment that could result in harm. The final product will be delivered to the IHS and may be further applied to adolescents in a school setting.

OBJECTIVE:

The IHS requires the professional services of a contractor to develop a comprehensive, evidence-based, enterprise-wide, scalable change package that includes provider and patient training materials across a variety of media formats to increase access to culturally grounded Pain Neuroscience Education (PNE) so American Indian/Alaska Native (AI/AN) youth and adults better understand how pain works in the body and brain, use more safe self-management strategies, and reduce preventable opioid exposure and pain-related distress. The overall objective is to promote safer, more empowered pain experiences among AI/AN youth and adults by increasing access to culturally responsive PNE and reducing reliance on high-risk pain treatments (including opioids) across a variety of health settings. To accomplish this, a curriculum for AI/ANs is needed to improve pain-related outcomes by changing patients' understanding of pain biology, reducing perceived threat, fear-avoidance, and maladaptive beliefs.

Historically, prevention curricula focused on delaying the initiation of alcohol, tobacco, and other drug use (such as DARE) with population-level behavioral prevention impacts vs patient-level clinical change. This curriculum differs in that it is designed and delivered using an evidence-based framework, with an

additional component that includes coping strategies rooted in culture, community, and traditional practices.

Core components of the training intervention framework include: 1) knowledge and beliefs about pain: peripheral/central sensitization, brain's threat appraisal, nociception, stress–endocrine responses; 2) skills/interventions: movement, breathing, mindfulness, traditional practices, social support, reframing pain signals; 3) cultural safety/relevance

Description:

- Self-paced curriculum learning module for providers and paraprofessionals. Provider training should meet the requirements for CME/CEU.
- Train-the-Trainer model with facilitator guide (adaptable for group settings) for AI/AN youth and adolescent audiences
- Participant workbooks/handouts (adapted for AI/AN; literacy-appropriate)
- 1–2 prerecorded sessions (videos or on-demand modules)
- Slides, videos, or LMS access (if necessary)

Core content includes:

- Key definitions such as nociception vs pain; peripheral and central sensitization
- Biopsychosocial model and brain threat appraisal
- Stress or endocrine responses and pain
- Endogenous pain-easing strategies (movement confidence, stress regulation)
- Use of metaphors, visuals, and examples suitable for adolescents and adults

SPECIFIC REQUIREMENTS:

Community engagement & co-design: Engage advisory groups (e.g., elders, cultural leaders, youth council, clinicians) to co-design and vet PNE content and metaphors. Conduct listening sessions/focus groups (youth, adults, elders) to identify local pain experiences, language, and images that resonate.

- Translate key concepts: e.g. "sensitive nervous system," "brain's alarm" system
- Develop Descriptive Imagery: e.g. brain – as a network of rivers, etc.
- Use Storytelling:

Provider training materials –

1. Create content and deliver initial training: train 20 ITU providers, community health representatives (CHRs), peer specialists, and/or school-based staff as PNE "train-the-trainer" facilitators
2. Training materials will also be available on-demand for home study use
3. Develop printed supplemental curriculum content meeting Section 508 requirements

Patient training and intervention elements –
Session 1 – "Why We Hurt: Our Body's Protectors"

- Introduce nociception, pain as a protector, and difference between injury and pain.
- Use culturally adapted metaphors (co-created with the Tribe) such as:
    - Community-based analogies (e.g., "messengers" or "scouts" warning of danger)?
- Begin reframing pain from "damage" to "protection."

Session 2 – "When Pain Gets Stuck: Central Sensitization"

- Explain peripheral vs. central sensitization in plain, culturally translated language.
- Show how repeated or intense signals can teach the nervous system to be "on guard," especially after trauma, stress, and structural inequities.
- Normalize and de-stigmatize chronic pain; connect to historical and intergenerational stress in a healing-oriented way (not pathology)

Session 3 – "The Brain, Stress, and the Story of Pain"

- Fight or flight and how thoughts, emotions, environment, and context shape pain.
- Link to community realities (e.g., housing, food access, racism, boarding school trauma) framed around resilience and survival.
- Skills: breathing, grounding, gentle movement, pacing, and culturally-based coping (ceremony, prayer, song, time on the land, community gatherings).
    - Endogenous pain-modulating activities

Session 4 – "Strengthening Our Medicines: Strategies to Ease Pain"

- Integrate biomedical and traditional strategies in a "two-worlds" model (e.g., physical therapy + traditional healing, mindfulness + ceremony, dental post-op instructions + PNE).
- Discuss safe medication use, opioid risks, and alternatives in a non-shaming, de-stigmatizing manner – Relationship to medicines?
- Support each participant in developing a personal pain care plan that includes at least:
    - 1–2 physical strategies
    - 1–2 mind/brain strategies
    - 1–2 cultural/community strategies

Evaluation: Evaluation will be based on specific surveys, pre- and post-visit, of locations and participants in educational sessions, and other metrics to be further specified with guidance from the program advisors.

Timelines (estimate):

Months 1 and 2:

- Collect and review existing evidence-based curriculum. Begin evaluation for appropriateness of cultural-adaptation, age-appropriateness of existing evidence-based curriculum, etc.
- Convene the Stakeholder Advisory Board (SAB).
- Work with HIS SMEs to develop key informant interview questions

Months 2 and 3:

- Finalize trusted messenger selection and conduct focus groups.
- Begin to create educational materials, guided by Stakeholder Advisory Board recommendations and focus group interviews.

Months 3 through 6:

- Develop program materials

Month 6-8:

- Stakeholder Advisory Board review and pilot site implementation

- Program visits to perform "ride-along" with trusted educators to provide interim assessments and coaching. *Deliverable: interim evaluation and curriculum revision.*

Months 9-11:

- Pilot implementation continues with modified curriculum
- Coordinate and host training for up to 20 ITU participants at one central location. Location will be proximal to pilot site and mutually agreed upon. Use lessons-learned from pilot site.
- *Deliverables: prepare final content for PAS review*

Month 12:

- Prepare and submit final report with recommendations. *Deliverable: Final report with recommendations.*

  Initiate recommendations for a training plan for implementation and roll-out. *Deliverable: Draft full-scale training agenda.*

Specialized Experience:

- Minimum 10 years of verifiable experience working in tribal communities advancing health-related topics. Ability to produce references of similar curriculum development, stakeholder advisement, and framework evaluation.
- Inclusion of a Pediatrician advisor on the project management team
- Inclusion of a licensed social worker or LADC on the project management team

Period of Performance:

This requirement's performance period is 1 year. Option to extend period of performance to complete project deliverables.

Place of Performance:

The place of performance will be at the contractor's office and virtually or on-site, as described above, at one selected IHS site/Area, if needed.

QASP

PWS Requirement	Performance Standard	Acceptable Quality Level (AQL)	Surveillance Method	Remedy
Curriculum Content	Includes required pain neuroscience components (peripheral/central sensitization, nociception, biopsychosocial model, stress-endocrine interactions, endogenous strategies)	100% inclusion of required content areas	100% technical review of curriculum	Correction and resubmission at no additional cost

PWS Requirement	Performance Standard	Acceptable Quality Level (AQL)	Surveillance Method	Remedy
Train-the-Trainer Delivery	Training delivered as scheduled; materials complete and technically accurate	≥ 95% adherence to schedule; no substantive content errors	Observation or recording review; participant feedback	Re-performance if material deficiencies identified
Pre-Recorded Sessions	Functional, accessible, clear audio/visual quality	100% operational functionality	Technical review and playback testing	Correction/replacement
Participant Workbooks	Accurate, complete, professionally formatted	100% conformity to approved content	100% review prior to acceptance	Reprint/revise at contractor expense
Software Licenses (if required)	Functional access for authorized users	100% activation and usability	Access testing	Immediate correction
Reporting & Milestones	Submitted on time	≥ 95% on-time submission	Milestone tracking log	Written notice; potential payment withholding

FEDERAL ACQUISITION REGULATIONS

52.252-2 Clauses Incorporated by Reference.

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: www.acquisition.gov

52.204-7 System for Award Management
52.204-13 System for Award Management Maintenance.
52.204-19 Incorporation by Reference of Representations and Certifications.
52.209-10 Prohibition on Contracting with Inverted Domestic Corporations
52.212-4 Contract Terms and Conditions—Commercial Products and Commercial Services
52.212-5 Contract Terms and Conditions Required to Implement Statutes or Executive Orders—Commercial Products and Commercial Services
52.217-8 Option to Extend Services.
52.217-9 (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 60 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 5 (years).
52.222-90 Addressing DEI Discrimination by Federal Contractors
52.223-18 Encouraging Contractor Policies to Ban Text Messaging While Driving
52.224-1 Privacy Act Notification
52.224-2 Privacy Act.
52.232-1 Payments.

HEALTH & HUMAN SERVICES ACQUISTION REGULATION (HHSAR) CLAUSES:

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: http://www.hhs.gov/policies/hhsar/subpart301-1.html

HHSAR Provisions and Clauses:

352.224-70 Privacy Act.
352.226-1 Indian Preference.
352.237-70 Pro-Children Act.
352.237-74 Non-Discrimination in Service Delivery.
352.239-73 Electronic Information and Technology Accessibility Notice
352.239-74 Electronic and Information Technology Accessibility