Request for Proposals: Legionella AMD

Application Due date: August 11, 2017

Submit to: Kevin Bradley, Senior Specialist, Infectious Disease Program (Kevin.Bradley@aphl.org)

Summary

The Association of Public Health Laboratories (APHL), in cooperation with the US Centers for Disease Control and Prevention's (CDC) Division of Bacterial Diseases (DBD) is seeking to identify up to six state or local public health laboratories that will perform genome sequencing for *Legionella pneumophila*. Sequences will be analyzed with whole genome multi locus sequence typing (wgMLST) and used to build a large wgMLST database. The wgMLST database can be used for rapid comparison of isolates from clinical and environmental sources during legionellosis outbreak investigations. The focus of this project will be on clinical isolates in order to better understand the geographical distribution of *L. pneumophila* strains.

Table of Contents

Background

Legionnaires' disease is a severe pneumonia caused by *Legionella* bacteria and is fatal for approximately 10% of those infected. Legionellosis was reported in nearly 6,000 people in 2015. Cases reported to CDC have increased more than four fold since 2000. Despite the increase in reported cases, it is possible that *Legionella* infection is actually underreported.

Legionella bacteria occur naturally in fresh water and can propagate in man-made sources such as hot water tanks and cooling towers. Infection occurs when contaminated droplets are inhaled. Potentially pathogenic *Legionella* spp. are widely distributed in water systems and clinical isolates are often challenging to obtain. However, associating isolates from clinical specimens with potential environmental sources is paramount to effective disease investigation and the disruption of transmission.

As part of the *Advanced Molecular Detection & Response to Infectious Disease Outbreaks* initiative, CDC is currently using genomic sequencing approaches to rapidly compare isolates from clinical specimens and potential environmental sources of *Legionella* spp. Part of this work involves developing and evaluating robust and reproducible methods, including wgMLST. The quality of wgMLST results is dependent on the existence of robust, curated datasets. APHL and CDC will partner with up to six state public health laboratories (PHLs) to add additional wgMLST profiles to the existing wgMLST databases. To be considered, PHLs must currently perform *Legionella* culture and have next generation sequencing (NGS) of bacterial pathogens.

Eligibility

Each PHL selected to participate in the project will have to meet the expectations outlined in Appendix A: – Expectations for Legionella AMD Partner Sites. APHL and/or CDC will provide technical assistance and troubleshooting by regular teleconference. Each applicant must certify in their application that they meet the minimum requirements set out below (and further outlined in Appendix B: – Legionella AMD Partner Site Minimum Requirements).

Eligible laboratories include all PHLs with the following capabilities and facilities in place:

- Repository of archived *L. pneumophila* isolates (with associated metadata)
- Established capability to perform culture of *Legionella* spp.
- Established and demonstrated capability to perform NGS using Illumina MiSeq (previous *Legionella* NGS experience not a requirement)
- Sufficient equipment, laboratory space and workforce capacity for the proposed workload
- Local instance of Bionumerics (version 7.5 or 7.6)

Anticipated RFP Schedule

APHL anticipates the following schedule:

June 28, 2017	–	RFP Issued
July 10, 2017	–	Letter of Intent Due to APHL (see below)

August 11, 2017	–	**RFP Responses Due**
August 18, 2017	–	Proposal review completed
August 21-22, 2017	–	If needed, follow-up interviews and updated proposals due
August 23, 2017	–	Final review completed and awardees selected
August 31, 2017	–	Draft contracts submitted to APHL Legal Dept. for final internal review

Any modification to this anticipated schedule will be communicated on APHL's procurement website (www.aphl.org/rfp) and via an email blast to the PHLs.

Response Submittal

Confirmation of Intent to Respond

APHL requests that prospective applicants submit a brief email statement indicating an intent to submit a proposal. APHL must receive this email by no later than **5:00pm EDT on July 10, 2017**. APHL may, in its sole and absolute discretion, decline to consider, review or evaluate any proposal received from a PHL that failed to submit a letter of intent by this deadline.

Final Response

APHL must receive complete responses by no later than **5:00 pm EDT on August 11, 2017**. *Please see the* Proposal – Required Submissions *section of this RFP for items that each applicant must include in its completed proposal.* Applicants may send proposals by the following methods:

- Via email to Kevin.Bradley@aphl.org; or
- Via physical mail (USPS, FedEX, UPS, etc.) addressed to:
  Association of Public Health Laboratories
  Attn: Kevin Bradley
  8515 Georgia Avenue, Suite 700
  Silver Spring, MD 20910

APHL will send an email acknowledging the receipt of your application. If you do not receive an acknowledgement within 48 hours of sending your email, or by close of business two business days after the expected delivery date of your mailed proposal, please email the RFP point of contact above to confirm receipt. *PHLs should note that the file containing the PHL's complete proposal must not exceed 10MB if the PHL submits its proposal via email.*

Award

Up to six laboratories, depending on the strength of applications received, will be selected. Each selected site will be eligible for an award of up to $30,000 which will be distributed in accordance with the terms of a contract administered with APHL. The final award amount will be based on total funding

received by APHL, the number of specimens to be sequenced and the number of PHLs selected for the project.

Term of Project

APHL expects that the project term will be from date of contract signing (approximately September 1, 2017) through June 30, 2018. APHL anticipates the potential for annual renewals (with each additional funding year running from July 1 to June 30) for a maximum of two additional years. Each of the potential renewals may involve some adjustment to the scope of work in order to address any change in the funding received by APHL and to accommodate CDC programmatic needs in that funding year. APHL would notify each selected PHL in advance of any modification to the anticipated scope of work in a future funding year.

Evaluation Team

APHL staff, led by the Sr. Specialist, Infectious Disease Program, will conduct an initial review of all proposals for completeness. Any incomplete application on the proposal due date specified in Anticipated RFP Schedule section above will not be considered and will not receive a formal evaluation.

Complete proposals will be reviewed by a team of three subject matter experts (SMEs) from CDC DBD and a panel of three APHL members selected from non-applicant PHLs. SMEs from CDC will be identified and selected by the Chief of the Pneumonia Response and Surveillance Laboratory based on their familiarity with laboratory techniques and project requirements. APHL member experts will be identified from among the non-applicant PHLs by the APHL Sr. Specialist, Infectious Disease Program and will have expertise in the laboratory testing methods described in this RFP.

APHL will ask potential reviewers to complete and sign APHL's Conflict of Interest Disclosure Statement in order to disclose any real or perceived conflict of interest prior to the start of the evaluation process and to affirm that they have no conflict of interest that would preclude an unbiased and objective review of the proposals received. A copy of the disclosure statement and the related Fiduciary Responsibility and Conflict of Interest Policy is attached as Appendix D – Conflict of Interest Disclosure Statement. APHL will not select reviewers with a perceived or potential conflict of interest.

Once potential reviewers have been identified, APHL's Director of Infectious Disease Programs will have final approval over the review team's composition.

Evaluation Criteria

The evaluation team will evaluate proposals based on the responses to the requirements outlined in the Proposal – Required Submissions section below and will receive a numeric score of up to 100 maximum points based on the scorecard template in Appendix C – Legionella AMD Site RFP Score Card.

The evaluation team may consider any prior experience sequencing *Legionella* as an enhancing factor for an applicant laboratory. Laboratories will also be given preference based on one or more of the following criteria:

- more extensive experience with NGS;
- existing laboratory capacity to perform *Legionella* culture;
- robust, well-characterized repositories of *Legionella* isolates;
- ability to comply with expectations laid out in Appendix A – Expectations for Legionella AMD Partner Sites; and
- ability to meet the minimum expectations outlined in Appendix B – Legionella AMD Partner Site Minimum Requirements.

Evaluation Process

The entire review will be conducted via a combination of email communication between APHL's Sr. Specialist, Infectious Disease Program and the members of the evaluation team or among the evaluation team members and teleconference and/or webinar evaluation sessions. APHL's Sr. Specialist, Infectious Disease Program will coordinate the review process and the evaluation sessions.

The reviewers may request follow-up interviews with all or some of the applicant laboratories and, following these interviews, may request supplemental information on an applicant's proposal. These interviews and any supplemental information would clarify a laboratory's capacity or experience in one or more of the evaluation criteria or to explain other information contained in an applicant's proposal.

There will be no formal evaluation performed by a member of APHL staff. In cases where all other evaluation criteria are substantially similar, APHL will have the ability to advise the evaluation team on selections that would provide geographical spread or otherwise diversify APHL's funding allocations. In addition, the evaluation team may receive documentation from APHL staff on an applicant's past performance in other capacities that relate to the work outlined in this RFP.

Post-Evaluation Procedures

The selected laboratories will be notified by APHL staff within ten business days of the completion of the evaluation process and the names of the awardees will be posted to APHL's procurement website, www.aphl.org/rfp on the same day. Unsuccessful applicants will receive notification of these results by e-mail or by U.S. mail within 30 days of the date the names of the selected PHLs are posted.

All applicant laboratories will be entitled to utilize APHL's RFP Appeals Process to formulate a protest regarding alleged irregularities or improprieties during the procurement process. Specific details of this policy are located on the procurement website.

Conditions of Award Acceptance

The eligible laboratories must be able to contract directly with APHL or have an existing relationship with a third-party organization that can contract directly with APHL on behalf of the laboratory. Laboratories must agree to comply with expectations outlined in Appendix A – Expectations for Legionella AMD Partner Sites.

Prior to ratifying the formal contract, a group of individuals from CDC and APHL will be entitled to elect to tour the facilities to assess compliance with requirements for testing and/or have a teleconference with applicant laboratories. Post ratification, monitoring site visits may be conducted to include an assessment of continued compliance.

Proposal – Required Submissions

Interested PHLs must respond to the following questions in the proposal the laboratory submits to APHL for consideration. A PHL's response should be limited to no more than four double-spaced pages (font size ≥ 11pt and page margins of ≥ 1 inch) and must comply with submission requirements set out in the Additional Information and Deadlines for Application Submission section below. Please note that this page limit is not inclusive of any attachment or appendix which may include more detailed descriptions of specimen repositories.

1. **Please describe the laboratory's current *Legionella* spp. culture capability and capacity.**
    a. Describe the methods utilized, level of isolate characterization conducted (serogroup and/or species determination, molecular typing, etc.), how long the methods have been in use, how often culture is performed, the approximate annual volume of *Legionella* spp. isolated, and number of years current laboratory staff have in using these methods.
2. **Please describe the laboratory's experience with extraction of high quality nucleic acid including methods and platforms currently in use.**
    a. Describe the platforms and methods currently being utilized for extraction of nucleic acids in the laboratory's NGS workflow. Include information on how long the methods have been in use, how often extraction is performed, pathogens tested, and amount of experience laboratory staff have in using the methods.
3. **Please describe the laboratory's current NGS capabilities including methods.**
    a. Describe which pathogens are being sequenced, how long NGS has been performed, how often it is performed, the average monthly volume of specimens/isolates being sequenced, the amount of experience your laboratory staff has in performing NGS, any training your staff has received and whether sequencing is conducted by a core facility.
    b. If your laboratory performs *Legionella* NGS, please describe the current methods in place, specimen volume and staff experience with *Legionella* sequencing.
    c. Please provide a description of the library preparation kits are used in your laboratory.

4. **Please describe any existing infrastructure that could be utilized for this project including equipment.**

    a. Please list the number of Illumina MiSeqs currently in your laboratory, nucleic acid extraction platforms that could be utilized, and your current version of BioNumerics.

5. **Please describe your laboratory's *Legionella* spp. isolate repository, prospective collection forecast, and description of the level of epidemiological data available and associated with the isolates.**

    a. Include the number of isolates originating from clinical specimens and the number of isolates originating from environmental specimens

    b. Number of years that the collection spans

    c. A description of the robustness of accompanying epidemiologic data and (for clinical isolates). At a minimum, please include whether isolates can be associated with specific outbreaks or clusters, type of clinical specimen (sputum, BAL, etc.), year of isolate, level of geographical specificity which can be provided for each isolate.

    d. A description of the diversity of the repository including an approximate number of isolates associated with outbreaks, including an estimate of the proportion of the collection representing sporadic legionellosis cases.

6. A description of approximately how many clinical isolates you have received (or obtained) in each of the last three years and/or any relationships you have with clinical laboratories that perform *Legionella* culture. **Include a completed and signed copy of** Appendix B **as an attachment.**

Additional Information and Deadlines for Application Submission

All questions should be directed to Kevin Bradley at kevin.bradley@aphl.org. Questions received from interested PHLs, together with the answers provided by APHL or CDC staff will be posted to APHL's procurement website (www.aphl.org/rfp).

Applications must be submitted to the individual specified, and in the manner described in the Final Response section above.

Appendix A – Expectations for Legionella AMD Partner Sites

Methods

1) Each site will provide a list of isolates in their repository and accompanying epidemiological data and then work with CDC to select a panel of up to 100 specimens for sequencing at the beginning of the project period.
2) DNA extraction may be manual or automated, library preparation must be done using the Nextera DNA Library Preparation Kit.
3) The Illumina MiSeq is the selected sequencing platform for *Legionella* spp. sequencing.
4) Sites will upload genome sequences via FTP or online portal within 1 week after completion of the sequencing run. CDC will perform data analysis and return wgMLST results to the submitting laboratory.
5) A functional copy of BioNumerics (version 7.5 or 7.6) is required to analyze data and establish a local wgMLST profile database.

Procurement

Staff support, supplies, reagents and equipment are all acceptable uses of the funding for this project. Each site will only be funded up to $30,000 and allocation of those funds is at the discretion of the awarded sites.

Data Management

Sites will receive authentication information to upload raw sequencing data to CDC. Sequencing data should be uploaded as runs are completed and CDC will return results within one week as a bundle file attachment via email. Bundle files will be viewed using BioNumerics (version 7.5 or 7.6). CDC may request re-sequencing when quality metrics require. Sites must submit raw sequencing data directly to the NCBI Sequence Read Archive (SRA) within one (1) year.

Performance Management and Evaluation

Performance will be monitored by timeliness of responses to CDC and APHL requests and successful completion of sequencing runs. The Legionella AMD Partner site must submit electronic notices of data transfer to APHL and CDC and participate on monthly teleconferences.

Site visits and teleconferences

APHL, CDC and the Legionella AMD Partner Sites will participate in monthly teleconferences to review monthly activity, assess successes and challenges and discuss potential resolutions.

Appendix B – Legionella AMD Partner Site Minimum Requirements

YES	NO	MINIMUM REQUIREMENT
		Does your laboratory currently culture *Legionella* spp.?
		Does your laboratory have a repository of at least 50 *Legionella* isolates originating from clinical specimens?
		Does your laboratory currently perform next generation sequencing (NGS) of bacterial pathogens using an Illumina MiSeq?
		Does your laboratory have a functional copy of BioNumerics version 7.5 or 7.6??

Signature: _____ Date: _____

Printed Name:

Appendix C – Legionella AMD Site RFP Score Card

The following table is a copy of the score card that will be used to evaluate RFP responses.

Category	Maximum Value	Score	Comments (REQUIRED)
Does the applicant currently perform culture and serogrouping of *Legionella* spp.? *Evaluate frequency of testing and culturing. Consider the training and experience of existing staff.* **High**: (21-25 points): Culture has been in place >5 years, staff have >5 years of experience, and/or culture is performed frequently. Robust serogrouping capacity should elevate score. **Moderate**: (11-20 points): Culture has been in place 1-5 years, staff have 1-5 years of experience and culture is performed somewhat infrequently **Limited**: (0-10 points): Culture in place <1 year, staff have <1 year of experience and culture is performed rarely	25		Type comments here. (REQUIRED)
Please rate the robustness of the clinical isolate repository and availability of associated epidemiological data? *Evaluate the total number of samples available. Consider the number of clinical specimens vs environmental isolates and the distinct number of cases, timeframe represented and the robustness of the epidemiologic data available.* **Exceptional**: Robust repository, high quality epi data. A robust repository would include more than 100 clinical isolates with broad temporal representation and include a high proportion of isolates obtained from sporadic cases and high geographic specificity at the city/county level. (31-35 points). **High**: Adequate repository, high quality epi data. An adequate repository would include 100 clinical isolates with some temporal representation as well as a mix of cases associated with outbreaks and sporadic cases and some geographic specificity.(21-30) **Moderate**: A combination of high/limited repository robustness and epi data quality 100 isolates available but 1-25 are from environmental sources or 100 clinical isolates available but recovered from only a small number of outbreaks (lack of specimen source diversity) and/or sufficient specimens available but not well characterized with epi data and/or sufficient specimens available but lack geographic correlation over time (11-20 points), **Limited**: Limited repository and limited epi data available <100 isolates of any kind available or >25 are available from environmental sources with little to no geographic specificity (1-10 points), No samples = 0	35		Type comments here. (REQUIRED)

Does the applicant have sufficient capacity and experience performing NGS of *Legionella* spp. or other bacterial pathogens to comply with the requirements described in Appendix A of the RFP? *Evaluate their experience with sequencing* Legionella spp*. or other bacterial pathogens. Consider the annual sequencing volume, experience and training of existing staff.* **High**: has specific experience in nucleic acid extraction and sequencing of *Legionella* spp., staff has demonstrated proficiency with Nextera DNA Library Preparation Kits, staff has high level experience with NGS and lab has adequate capacity (21 -25 points), **Moderate**: has experience sequencing bacterial pathogens and extracting nucleic acid as part of an NGS workflow, staff has been performing NGS for at least 1 year, and lab has adequate capacity (11 – 20 points) Limited: lab has less than one year of experience in sequencing bacterial pathogens (1-10 points), **No experience**: (0 points).	25		Type comments here. (REQUIRED)
Will the lab be able to provide contemporary and/or prospective specimens based on their routine work? **Yes**: Three year data or existing relationships indicates a likelihood that prospective isolates will be received during the project year. (10 points) **No**: 0	10		Type comments here. (REQUIRED)
Please rate the overall quality of the application.	5		Type comments here. (REQUIRED)
TOTAL SCORE	**100**	**____**	

Appendix D – Conflict of Interest Disclosure Statement and Policy

Association of Public Health Laboratories

Conflict of Interest Disclosure Statement

Applicability: Disclosure of the following information is required of all Officers, Directors, committee members, staff members and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel"). Please answer the following questions and, where indicated, include the same information for your immediate family members (your parents, your spouse or partner, your children and your spouse/partner's parents).
APHL will keep your completed disclosure statement in the corporate records of the association.

1. Please list the name, address, phone number, email address and type of business of your current employer. If you are self-employed, please note that below and provide us with the address, phone number, email address and type of business you operate.

_____

_____

_____

2. Do you, or does any family member, currently serve as an officer, director, committee member, or other volunteer (or work as an employee of or a paid consultant to) any organization serving the interest of laboratory science or public health laboratories other than APHL or your state or local laboratory?

☐ **Yes** ☐ **No**

If yes, please list the organization(s) and provide detail on your or your family member's interest or position in the organization(s).

_____

_____

_____

Approved and adopted by the Board of Directors on June 10, 2017
Effective July 1, 2017

3. Do you, or any family member, have an existing or potential interest in, or compensation arrangement with, any third party providing goods or services to APHL, or with which APHL is currently negotiating?

☐ **Yes** ☐ **No**

If the answer is yes, please provide the name of the organization below and describe in detail the nature of the position held.

4. Please note any other financial or business interest you may have with any organization serving the interests of public health laboratories.

If you have none, please check this box: ☐

5. Do you, or does any family member, have any other interest or affiliation that is likely to compromise your ability to provide unbiased and undivided loyalty to APHL, or that could come in conflict with your official duties as an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL?

☐ **Yes** ☐ **No**

If you answered yes, please describe in detail below the nature of each such interest or affiliation.

6. If you are currently aware of any actual or possible conflict of interest that might otherwise hamper your ability to serve APHL to your best ability and with the highest degree of care, loyalty and obedience – ***including any potential conflict you or a family member may have with one or more of the RFP applicants*** – please describe them in detail below.

_____

_____

_____

_____

_____

7. Do you agree that so long as you are an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL you will immediately disclose to the other Directors and/or Officers or, for staff members, the Executive Director and/or General Counsel the nature of any interest or affiliation which you may hereafter acquire, which is in or is likely to become in conflict with your official duties with APHL?

☐ **Yes** ☐ **No**

YOU MUST READ THIS SECTION AND THEN SIGN BELOW

I acknowledge that I have received and read APHL's Fiduciary Responsibility and Conflict of Interest Policy (the Policy). I have listed all my relevant fiduciary responsibilities and affiliations, and I have identified any actual or potential conflict of interest on this Disclosure Statement and I agree to abide by the Policy. I understand that it is my responsibility to inform APHL in writing of any change in circumstances relating to the Policy and this Disclosure Statement.

Signature: _____ Date: _____

Printed Name: _____

Fiduciary Responsibility and Conflict of Interest Policy

1. Policy Statement and Purpose

The members of the APHL Board of Directors understand the importance of serving APHL to the best of their ability and with the highest degree of obedience, loyalty and care. Accordingly, the Board adopts the following policy for APHL Officers and Directors, all staff, committee members, and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel").

2. Individual Duty and Annual Disclosure

APHL Personnel will avoid any conflict of interest with APHL. APHL Personnel will not profit personally from their affiliation with APHL, or favor the interests of themselves, relatives, friends or other affiliated organizations over the interests of APHL. As used in this Policy, "Conflict of interest" includes any actual, apparent, and potential conflict of interest.

Upon commencing service with APHL, each APHL Personnel will file with the Board an annual statement disclosing all material business, financial, and organizational interests and affiliations they or persons close to them have which could be construed as related to the interests of APHL or the profession of public health laboratory science. Each APHL Personnel has an obligation to make an additional disclosure if a conflict of interest arises in the course of the individual's service to APHL, whether arising out of his/her employment, consulting, investments, or any other activity. These disclosures will be documented promptly in writing and recorded in the Board minutes and corporate records.

3. Procedure

Whenever APHL considers a matter, which presents an actual, apparent, or potential conflict of interest for APHL Personnel, the interested individual will fully disclose his/her interest in the matter, including the nature, type, and extent of the transaction or situation and the interest of the individual or that individual's relatives, friends or other affiliated organizations. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, what is the appropriate course of action under this policy and the Board vote will be recorded in the minutes.

Any Board member having a conflict of interest must either (i) voluntarily abstain from and be disqualified from participation in all deliberation and voting on all Board actions relating to the situation or matter that gives rise to the conflict of interest, or (ii) ask the Board to determine whether an apparent or potential conflict of interest is considered by the Board to be an actual and material conflict. In the event that the Board member in question requests that the Board evaluate the apparent or potential conflict, that Board member will abstain and be disqualified from participating in (and voting on) the determination of whether the issue presents an actual and material conflict. If the Board determines that an actual and material conflict exists, the

Board member in question will abstain from all voting on, and will be disqualified from participation in all deliberation concerning all Board actions relating to the conflict of interest. The vote will be recorded in the minutes.

These procedures will neither prevent the interested individual from briefly stating his/her position on the matter, nor preclude him/her from answering pertinent questions of Board members, since his/her knowledge may be of assistance to the Board's deliberations.

APHL Personnel must be cautious and protective of the assets of APHL and insure that they are used in the pursuit of the mission of APHL. The association's policy requires APHL Personnel to avoid transactions in which APHL personnel may have a significant financial interest in any property which APHL purchases, or a direct or indirect interest in a supplier, contractor, consultant, or other entity with which APHL does business. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, determine whether the transaction is nonetheless favorable to APHL before considering whether to approve it.

4. Other Duties and Obligations

Whenever any APHL Personnel discovers an opportunity for business advantage which is relevant to the activities of APHL, the opportunity belongs to APHL and the individual must present this opportunity to the Board. Only once the Board determines not to pursue the matter and relinquishes the opportunity may the individual consider it a matter of possible personal benefit.

APHL Personnel may not accept favors or gifts exceeding $75.00 from anyone who does business with APHL.

All APHL Personnel will keep confidential those APHL matters designated confidential. APHL Personnel are prohibited from disclosing information about APHL to those who do not have a need to know or whose interest may be adverse to APHL, either inside or outside APHL, and are prohibited from using in any way such information for personal advantage to the detriment of APHL.

All APHL Personnel who participate in APHL activities, including committee activities and international consultation activities, must be adequately prepared to fully participate as their position descriptions require and will do so in accordance with the applicable laws and regulations of their respective state or territory and APHL's Articles of Incorporation, Bylaws, and corporate policies. The APHL Board will read and understand the association's Articles of Incorporation, Bylaws, corporate policies and financial statements, and routinely verify that all state, federal, and local tax payments, registrations and reports have been filed in a timely and accurate manner.

Board members will never exercise authority on behalf of APHL except when acting in meetings with the full Board or the Executive Committee or as authorized by the Board. If any member of the Board has significant doubts about a course of action of the Board, he or she must clearly raise the concern with the Executive Director and the Board and, when appropriate, seek independent expert advice.