



ATTACHMENT J.14



Image World2 *New Dimensions* – SRDP Package

Award Date: 12/21/2000
Expiration Date: 12/20/2010
Contact: Donald A Wilson **Tel:** 301-435-3886
Fax: 301-496-8486
e-mail: nihimag2@od.nih.gov

NITAAC Solution Recommendation Document Package (SRDP)

Customers must provide the information required in the Solution Recommendation Document Package (SRDP). The sample form below is provided to insure that the requested information is provided to NITAAC.

Customers submit electronic copies of the SRDP and attachments via e-mail or compact disk. Electronic documents may be in MS Word or WordPerfect; and MS Excel or Lotus 123. Signed documents must be submitted in hardcopy via fax or U.S. mail.

1. Task Order Data

Task Order Title
Statement Of Work
As of mm/dd/yy
Agency
Funding Document/Order Number

2. The package includes the following items:

Hard Copy	Compact Disk	E-Mail	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TORP. (If SOW or other contents revised from original submission) Revisions Yes No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of all proposals received
<input type="checkbox"/>	N.A.	N.A.	For HHS customers, the <i>SRDP Security Certification</i> (PDF) (Word), if applicable.

3. Accountable Management Official

The SRDP must be signed by an Accountable Management Official (AMO) of the Customer's organization. The AMO's signature attests that the Fair Opportunity requirements specified in the IW2nd Task Order *Guidelines* have been met. At a minimum, the AMO signature page must be mailed or faxed to the IW2nd Contracting Officer.

AMO	
Customer Name	
Job Title	
Address	
City	
State Code	

Zip Code	
Phone	
Fax	
Email	

4. List each of the IW2nd prime contractors who responded to your SOW.

5. The Prime Contractor recommended for award:

Prime Contractor Name	
IW2nd Contract Number	
Address	
City	
State Code	
Zip Code	
POC Name	
POC Phone	
POC Fax	
POC Email	

6. Documentation of Award Decision

For all proposals received and evaluated, provide a narrative summarizing the evaluation results for each contractor's submission and describing the rationale for the Best Value decision for the recommended prime contractor to be awarded this task order. The justification should be streamlined and must contain the following:

1. A statement indication whether announcement of the task order requirement was made to all prime contractors or if an exception to the Fair Opportunity to be considered rule was cited in the TORP (cite the exception used).
2. The selection criteria/methodology used to evaluate the competing prime contractors;
3. The results of the evaluation using the evaluation criteria from the SOW;
4. Rationale for the recommendation of the task order awardee, including a summary of negotiations conducted, cost/price analyses, and best value analysis.
5. You must show negotiated amounts and applicable fee for each year.

	Base	Option Yr. 1	Option Yr. 2	Option Yr. 3
	\$	\$	\$	\$
	Fee \$	Fee \$	Fee \$	Fee \$
Total	\$	\$	\$	\$

7. Earned Value Management

Yes	No	For HHS Task Orders:
<input type="checkbox"/>	<input type="checkbox"/>	Has the DME investment tier changed from the TORP?
		If yes, what is the new investment tier for the DME portion? <input type="checkbox"/> Tier I (over \$10M) <input type="checkbox"/> Tier II (\$1M-10M) <input type="checkbox"/> Tier III (under \$1M)
<input type="checkbox"/>	<input type="checkbox"/>	Does the proposed EVMS meet the investment tier requirements?

Yes	No	FOR DOD Task Orders:
<input type="checkbox"/>	<input type="checkbox"/>	Has the DME investment level changed from the TORP?
		If yes, what is the new investment level for the DME portion? <input type="checkbox"/> \$50M and higher <input type="checkbox"/> \$20M and higher, but less than \$50M <input type="checkbox"/> under \$20M
<input type="checkbox"/>	<input type="checkbox"/>	Does the proposed EVMS meet the investment level requirements?

8. NIH Processing Fee and Funding Strategy (non-NIH customers)

State the fee as dollar amount. Submit any required documentation indicated in Chapter 5 of the *IW2nd Guidelines*, including a discussion of funding strategy (e.g., whether the task order award is to be fully funded, partially funded, or if the obligated amount on the task order is only a partial funding where further obligations will be made as task order obligations against the funded amount).

AMO Name and Title: _____

AMO Signature: _____

cc: Customer Name: _____

cc: COTR Name _____