

NITAAC

**Interdepartmental
Purchase Request
Procedures**

Revision 1: June 11, 2003

**Procedures for Working Efficiently
and Accurately**

Forward

- This volume contains the following sections of information on Interdepartmental Purchase Request processing:
 - Illustrated step-by-step procedures with explanations of the process
 - A Checklist that provides all the tracking steps that you will use
 - Blank forms for you to review--electronic versions of these forms are separately available
 - Examples of all the forms in all of their stages

Acronyms Used in This Document

ADB	Administrative Data Base
ALC	Agency Location Code
AP	Accounts Payable (part of OFM)
BO	Budget Office
CAN	Common Accounting Number
CO	Contracting Officer
CSBAB	Central Services Budget and Accounting Branch (part of OFM)
DoD	Department of Defense
DODAAC	Department Of Defense Activity Address Code
DUNS	Data Universal Numbering System
FT	Financial Team
GWAC	Government-Wide Agency Contract
IAA	Inter-Agency Agreement
IC	Institute/Center
IPAC	Inter-Governmental Payment and Collection system
IPR	Interdepartmental Purchase Requests
MIPR	Military Interdepartmental Purchase Request. Documented on DD Form 448.
NIH	National Institutes of Health
NITAAC	NIH Information Technology Acquisition and Assessment Center
OD	Office of the Director
OFM	Office of Financial Management
PD	Program Director
PO	Purchase Order
POC	Point Of Contact
ROC	Record Of Call
TO	Task Order
TORP	Task Order Request Package

Procedures

Checklist.....

Blank Forms.....

Example Forms.....

Binder Edge...

Cut out the label on the left and slide it into the edge of your 3-ring binder (if desired)

Interdepartmental Purchase Request Procedures

March 20, 2003

Revision 1: June 11, 2003

Procedures for Working Efficiently and Accurately

Effectively and efficiently process Inter-departmental Purchase Requests (IPRs)

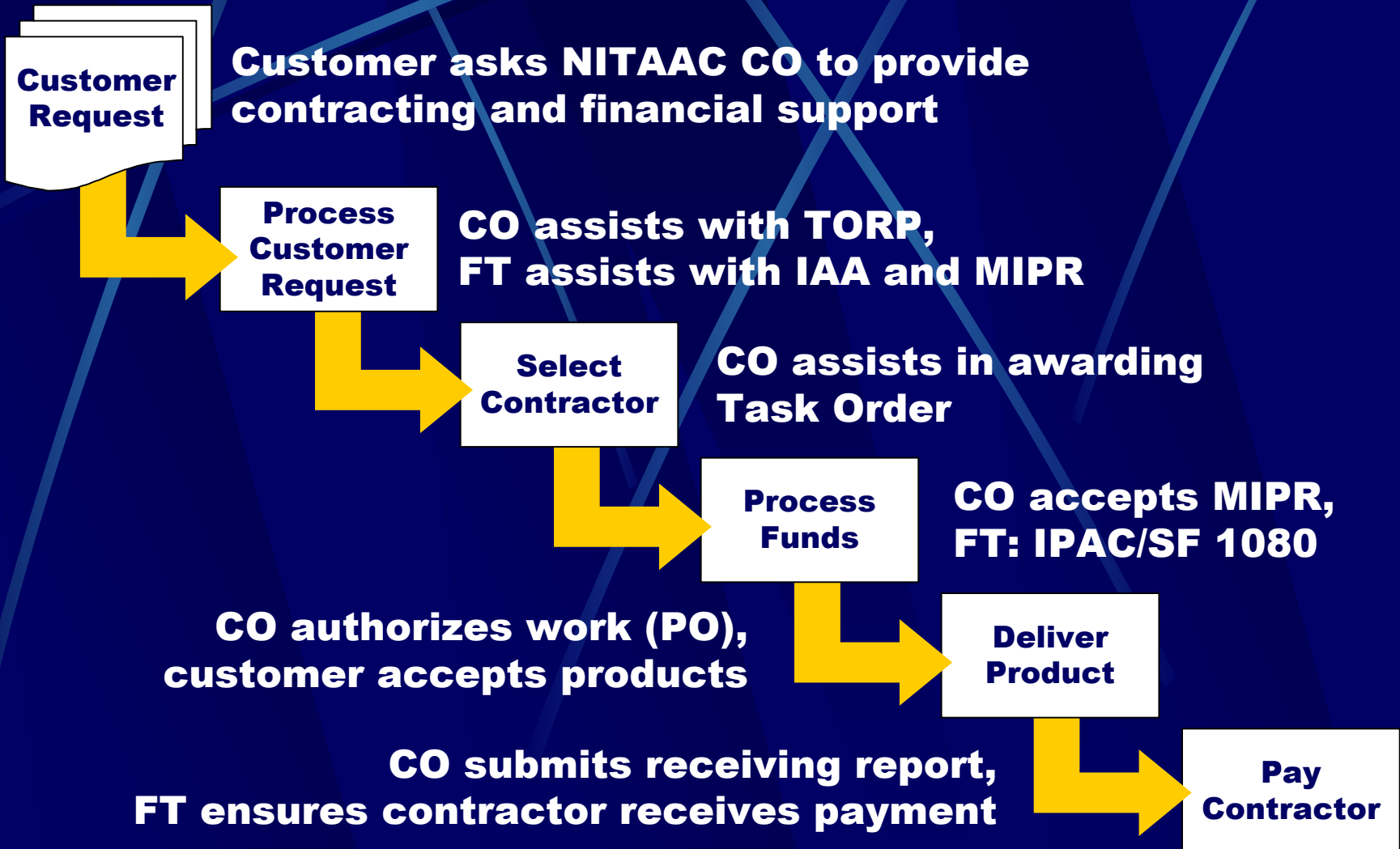
- Contracting Activities
- Funding Transactions
- Tracking and Monitoring

- NITAAC Program Director (PD)
 - Manage and track process
 - Ensure tasks are completed
- NITAAC Contracting Officer (CO)
 - Manage contracts and tasks
 - Verify requirements and funding
 - Work with customers to meet their contract needs
- NITAAC Financial Team (FT)
 - Manage and track funding
 - Work with customers to process funds
- Customer
 - Provides requirements and funding
 - Selects contractor
 - Reviews and accepts (if satisfactory) work products

***All team members work collaboratively
to accomplish the process***

Process introduction

NITAAC IPR



All team members work collaboratively to accomplish the process

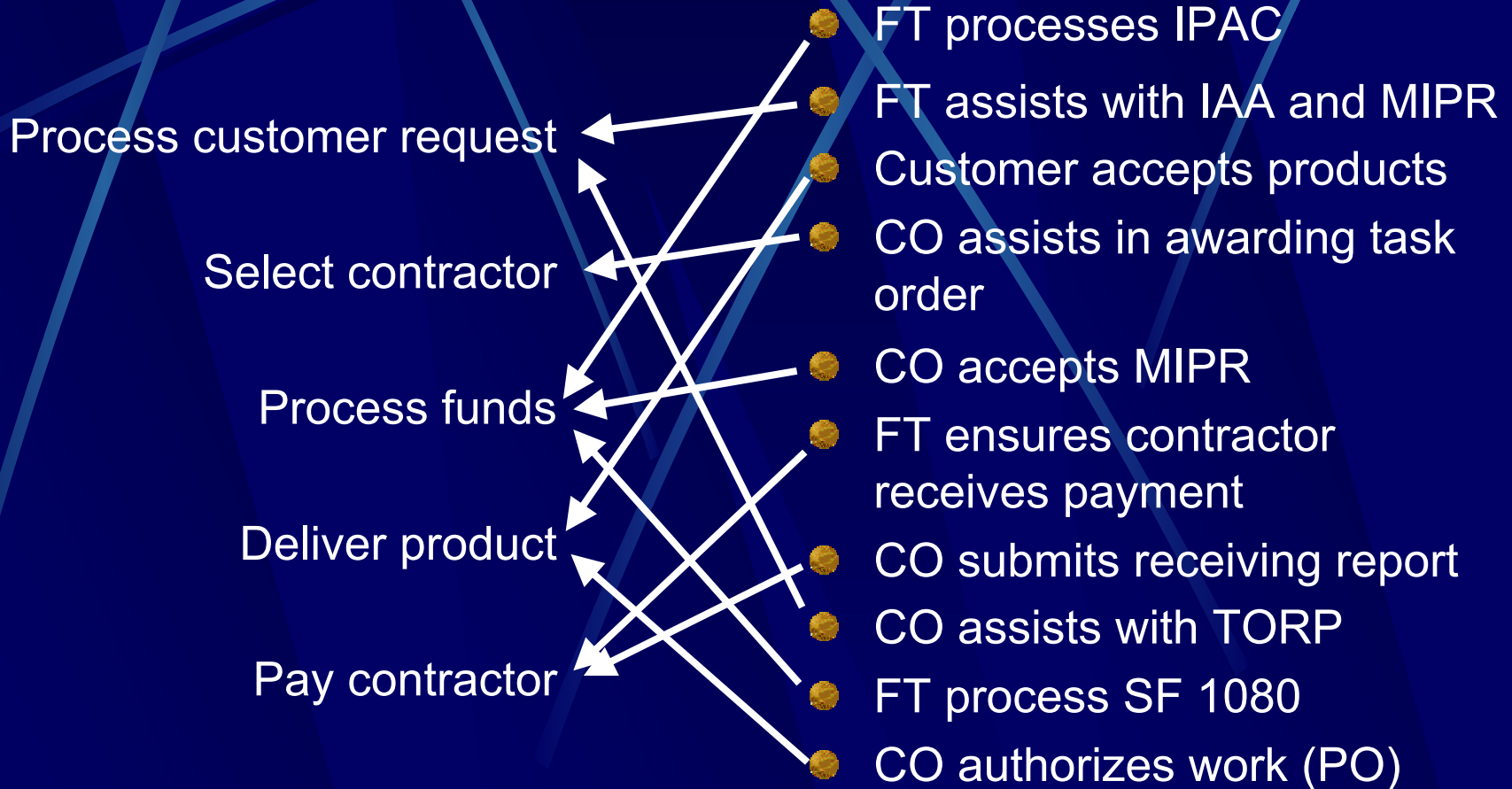
Process matching exercise

PROCESS INTRODUCTION

NITRAC IPR

Process step

Activities



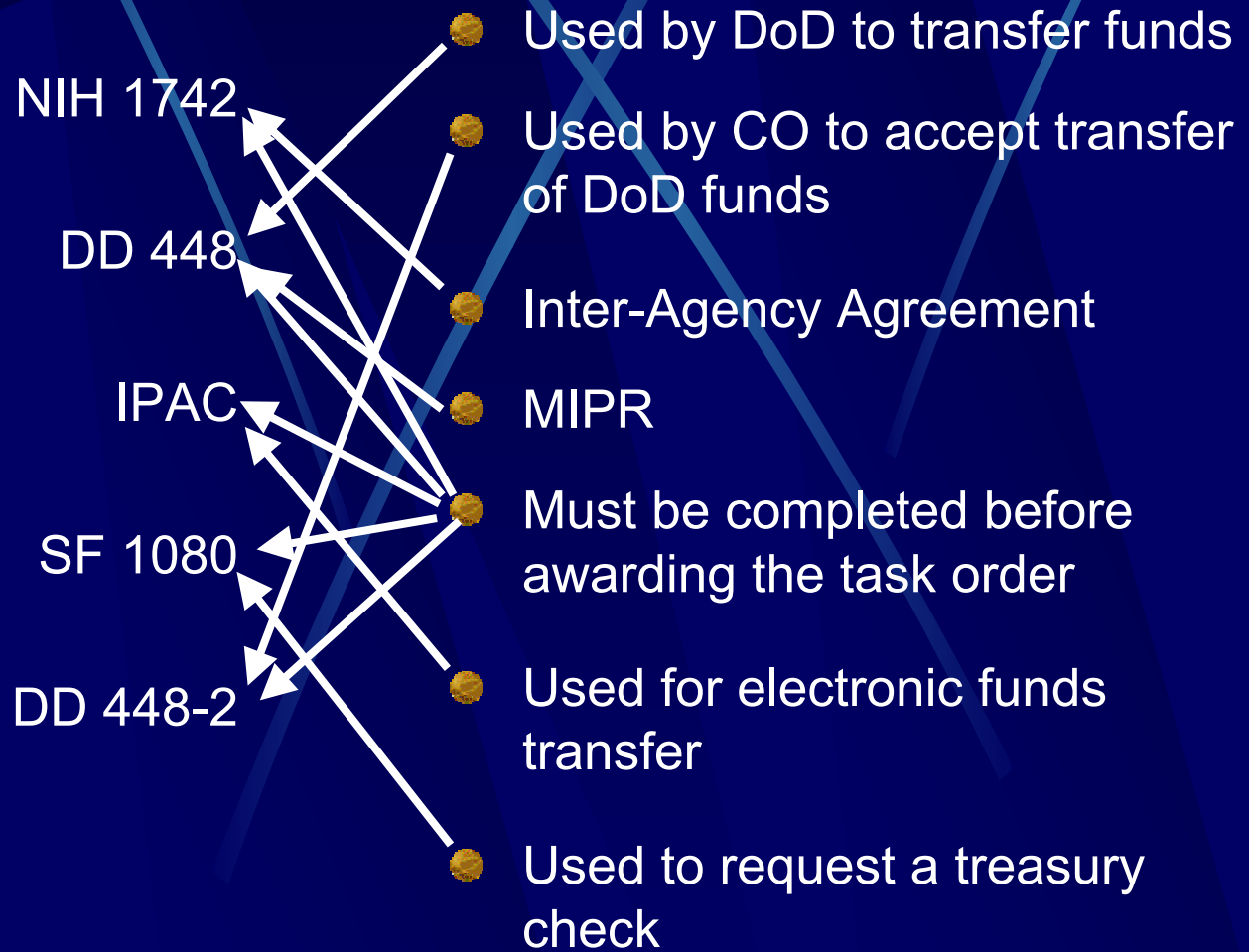
Forms introduction

- Agency Agreement and Clearance (Inter-agency Agreement (IAA)), NIH 1742
 - Required whenever funds are internally or externally transferred to NIH agencies
- Military Inter-departmental Purchase Request (MIPR), DD 448
 - Method used by DoD agencies to transfer funds to another agency
- MIPR Acceptance, DD 448-2
 - Outside agency acceptance of MIPR
- Inter-governmental Payment and Collection System (IPAC)
 - Simple form used by FT to request electronic funds transfer
- Voucher for Transfers Between Appropriations and/or Funds, SF 1080
 - Used to request Treasury check when electronic transfer is unavailable
- Purchase Order (PO), Optional Form 347

Forms matching exercise

FORMS INTRODUCTION

NIH/AAC/IPR



Tracking checklist

Inter/Intra-Departmental Purchase Request Process Checklist								
Customer	POC Name		NITAAC	Date Received		Fund Data	MIPR #	
	Agency Billed			CO POC			IAA #	
	Phone #			FT POC			IPR CAN	
	ALC #			NIH ROC #			IPR Amount	
	Auth #			Contract #			Update Amount	
				Tracking #			Fee Amount	

Step	Lead Org	Description	Verify/Receipt	Compl. Date
1	NITAAC	Receive Task Order Requirements Package (TORP) & funding information (MIPR/IAA) from NITAAC CO. Prepare draft IAA for customer. Coordinate draft with CO & PD.	NITAAC CO NITAAC PD NITAAC FT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	NITAAC	Send draft IAA and instructions to Customer.	NITAAC FT	<input type="checkbox"/>
3	Customer	Complete and submit signed IAA to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
4	NITAAC	Review TORP and IAA; resolve issues with the customer, and TORP issues with the CO. Submit completed IAA to NITAAC CO for signature.	NITAAC CO	<input type="checkbox"/>
5	NITAAC	Review TORP, resolve issues with the customer. Submit final TORP to NITAAC PD.	NITAAC PD	<input type="checkbox"/>
6	NITAAC	PD reviews/approves/signs IAA and TORP.	NITAAC PD	<input type="checkbox"/>
	NITAAC	PD forwards IAA to OD Office, sends copy to CO.	NITAAC FT	<input type="checkbox"/>
7	OD B	submit completed IAA to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
8	NITAAC	MAX IAA to Customer forward IAA copy to NITAAC CO.	NITAAC FT	<input type="checkbox"/>

When NITAAC receives a request, the PD will start the process by filling-in the customer and NITAAC POC information

Used to track customer requests for NITAAC to process payments to the contractor (vendor). This process is typically accomplished for Military Inter-departmental Purchase Requests (MIPRs). Each request will use this checklist for tracking purposes.

Tracking checklist (continued)

Inter/Intra-Departmental Purchase Request Process Checklist								
Customer	POC Name		NITAAC	Date Received		Fund Data	MIPR #	
	Agency Billed			CO POC			IAA #	
	Phone #			FT POC			IPR CAN	
	ALC #			NIH ROC #			IPR Amount	
	Auth #			Contract #			Update Amount	
				Tracking #			Fee Amount	

Step	Lead Org	Description	Verify/Receipt	Compl. Date
1	NITAAC FT	Receive Task Order Requirements Package (TORP) & funding information (MIPR/IAA) from NITAAC CO. Prepare draft IAA for customer. Coordinate draft with CO & PD.	NITAAC CO <input checked="" type="checkbox"/> NITAAC PD <input type="checkbox"/> NITAAC FT <input type="checkbox"/>	<input checked="" type="checkbox"/> 4/1/02
2	NITAAC FT	Send draft IAA and instructions to Customer.	NITAAC FT <input type="checkbox"/>	<input type="checkbox"/>
3	Customer	Complete and submit signed IAA to NITAAC FT.	NITAAC FT <input type="checkbox"/>	<input type="checkbox"/>
4	NITAAC FT	Review TORP and IAA; resolve IAA issues with the customer, and TORP issues with the CO. Submit completed IAA to NITAAC CO for signature.	NITAAC CO <input type="checkbox"/>	<input type="checkbox"/>
5	NITAAC CO	Review TORP, resolve issues with the customer. Submit final TORP to NITAAC PD.	NITAAC PD <input type="checkbox"/>	<input type="checkbox"/>
6	NITAAC PD NITAAC FT	Reviews/approves/signs IAA and TORP. Forwards IAA to OD Budget Office, sends copy to CO.	NITAAC PD <input type="checkbox"/> NITAAC FT <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7	OD BO	Submit completed IAA to NITAAC FT.	NITAAC FT <input type="checkbox"/>	<input type="checkbox"/>
8	NITAAC FT	Send IAA to Customer. Forward IAA copy to NITAAC CO.	NITAAC FT <input type="checkbox"/> NITAAC CO <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

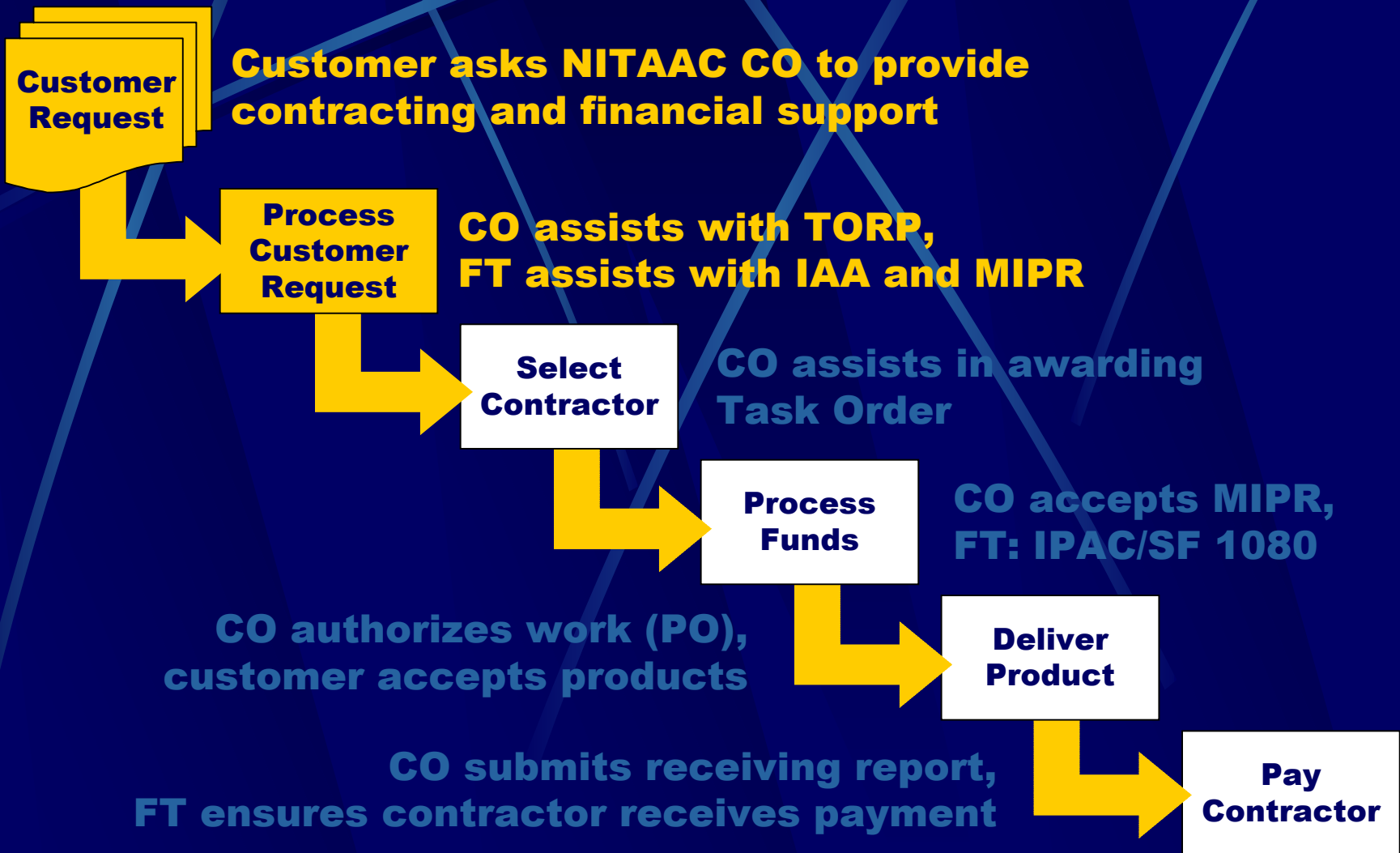
The Lead Organization is responsible for accomplishing the process step

This group/individual is responsible for verifying that the process step has been completed

Once the step is complete, the verifying official checks the box and fills-in the date

IAA and MIPR process

NITAAC IPR



IAA & MIPR process steps

IAA & MIPR PROCESS

NITAAC IPR

Checklist Steps:

Step	Lead Org	Description	Verify/ Receipt	Compl. Date
1	NITAAC FT	Receive Task Order Requirements Package (TORP) & funding information (MIPR/IAA) from NITAAC CO. Prepare draft IAA for customer. Coordinate draft with CO & PD.	NITAAC CO NITAAC PD NITAAC FT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	NITAAC FT	Send draft IAA and instructions to Customer.	NITAAC FT	<input type="checkbox"/>
3	Customer	Complete and submit signed IAA to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
4	NITAAC FT	Review TORP and IAA; resolve IAA issues with the customer, and TORP issues with the CO. Submit completed IAA to NITAAC CO for signature.	NITAAC CO	<input type="checkbox"/>
5	NITAAC CO	Review TORP, resolve issues with the customer. Submit final TORP to NITAAC PD.	NITAAC PD	<input type="checkbox"/>
6	NITAAC PD NITAAC FT	PD reviews/approves/signs IAA and TORP. FT forwards IAA to OD Budget Office, sends copy to CO.	NITAAC PD NITAAC FT	<input type="checkbox"/> <input type="checkbox"/>
7	OD BO	Submit completed IAA to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
8	NITAAC FT	FAX IAA to Customer. Forward signed IAA copy to NITAAC CO.	NITAAC FT NITAAC CO	<input type="checkbox"/> <input type="checkbox"/>

IAA form

IAA & MIPR PROCESS

Agency Agreement and Clearance Form (Inter-agency Agreement (IAA)), NIH 1742

Required whenever funds are internally or externally transferred to NIH agencies

Department of Health and Human Services National Institutes of Health		1. NIH Agreement Number (including Mod. No.) Y3 - OD - [] []				
Agency Agreement and Clearance <input type="checkbox"/> Intra-agency Agreement (within NIH) <input checked="" type="checkbox"/> Inter-agency Agreement (outside NIH)		2. Paying Agency Agreement Number []				
		3. Receiving Agency Y3 - OD - []				
4. Title of the Agreement []						
5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.) See Attached SOW (Ref): []						
<input type="checkbox"/> We intend on transferring funds electronically (IPAC) <input type="checkbox"/> We intend on transferring funds using a voucher (SF 1080)		This contract activity is subject to a [] % processing fee.				
6. Period of the Agreement FY 2003		7. Authority for the Agreement This agreement is made under the authority of 42 U.S.C. Section 231 - Service and Supply Fund (Uses, Reimbursements); and NIH Executive Agent Designation Authority Granted by OMB in September 2000.				
Billing Information						
Paying Agency	8. Agency Location Code []		10. Address []			
	9. Employer Identification Number / DUNS Number []					
Receiving Agency	11. Agency Location Code 75-08-0031		13. Address NIH, Office of Financial Management 9000 Rockville Pike, Bethesda, MD 20892 Bldg. 31, Room B1C23, Tel. (301) 496-6115			
	12. Employer Identification Number / DUNS Number 152085811501 / 927645168					
Accounting Information—Paying Agency						
14. Paying Federal Agency	15. Agreement No. (Order No.)	16. Appropriation	17. CAN	18. Amount	19. Signatories (Name and Title)	20. Date
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
Accounting Information—Receiving Agency						
21. Receiving Federal Agency	22. Agreement No. (for NIH Y3)	23. Appropriation	24. CAN	25. Amount	26. Signatories (Name and Title)	27. Date
NIH, DITA	Y3-OD-	75X4554	3-[]	\$0.00	Mr. Victor E. Powers, Program Director, DITA	[]
[]	[]	[]	[]	[]	Contact: []	[]
[]	[]	[]	[]	[]	Voice: []	[]
[]	[]	[]	[]	[]	Fax: []	[]
28. NIH Project Officer's Name XX			29. IC XXXXXXXXXXXX		30. Phone XXXXXXXXXXXX	
31. NIH Administrative/Budget Office Contact Ms. Connie Bergsmith, Budget Analyst			32. IC OD		33. Phone (301) 496-4316	
34. Clearances						
IC Signature and Date		[]	[]	[]	[]	[]

IAA form (Step 1)

IAA & MIPR PROCESS

NIH Agreement Number provided by NITAAC Financial Team

Task Order Number provided by the CO

FT indicates fee to be charged: Standard Fee (1%) + IPR Fee (1.5%)

Fiscal year covered by this agreement

Use standard IAA form, citing Service and Supply Fund and OMB Executive Agent Authority—DON'T USE ECONOMY ACT STATEMENT

Receiving Agency for each line item

Agreement number (without Mod. No.)

Appropriation code for each line item

Enter the seven-digit Control Account Number (CAN) for each line item

Contact data for the NITAAC CO

Contracting Officer initials and date

Program Director initials and date

After receiving requirements, Financial Team (FT) prepares the draft IAA for the customer.

Prior to sending the draft to the customer, the FT obtains clearance of the draft from the CO and PD.

Department of Health and Human Services
National Institutes of Health

Agency Agreement and Clearance

Intra-agency Agreement (within NIH)
 Inter-agency Agreement (outside NIH)

1. NIH Agreement Number (including Mod. No.)
Y3-OD-

2. Paying Agency Agreement Number

3. Receiving Agency
Y3-OD-

4. Title of the Agreement
Name of GWAC to be used

5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.)
See Attached SOW (Ref):
 We intend on transferring funds electronically (IPAC)
 We intend on using a voucher (SF-1080) This contract activity is subject to a % processing fee.

6. Period of the Agreement
FY 2003

7. Authority for the Agreement
This agreement is made under the authority of 42 U.S.C. Section 231 - Service and Supply Fund (Uses, Reimbursements); and NIH Executive Agent Designation Authority Granted by OMB in September 2000.

Billing Information

8. Agency Location Code
Paying Agency
Agency Identification Number / DUNS Number

10. Address

11. Agency Location Code
Receiving Agency
Agency Identification Number / DUNS Number

13. Address
NIH, Office of Financial Management
9000 Rockville Pike, Bethesda, MD 20892
Bldg. 31, Room B1C23, Tel. (301) 496-6115

14. Paying Federal Agency
15. Receiving Agency

Accounting Information—Receiving Agency	22. Agreement No. (for NIH Y3)	23. Appropriation	24. CAN	25. Amount	26. Signatories (for NIH)
NIH, DITA	Y3-OD-	75X4554	3-	\$0.00	Mr. Victor E. Powers, Director, DITA
					Contact: _____
					Voice: _____
					Fax: _____

28. NIH Project Officer's Name
XX

31. NIH Administrative/Budget Office Contact
Ms. Connie Bergsmith, Budget Analyst

32. Receiving Agency
OD (301) 496-4346

34. Clearances
IC
Signature and Date

NIH 1742 (Rev. 8/01) Use prescribed by NIH Manual 1165

IAA form (Step 2)

IAA & MIPR PROCESS

Number of pages

Subject for the request (SOW, Contract, etc.)

Instructions for the customer

The FT uses this form to prepare IAA instructions for the customer.

These instructions, examples, and draft forms are faxed to the customer.

National Institutes of Health
Information Technology Acquisition
& Assessment Center (NITAAC)

Date

Interagency Agreement and Clearance Instructions

To:

Customer name and address

Date:

From:

NITAAC FT Point of Contact and address

Pages:

, Including Cover Sheet

Subject:

Inter-Agency Agreement, Task Order C-

Instructions:

Please find enclosed:

- Fully completed NIH Inter-Agency Agreement & Clearance (IAA) Example
- IAA Form instruction sheet
- IAA Form to complete and FAX (once signed)

General IAA (Form 1742) Instructions:

- Please indicate your payment method in Block 5, either IPAC or SF 1080
- Please complete blocks 2, 8, 9, 10, 14, 15, 16, 19, and 20
- Please verify the Agency Location Code (ALC) is an 8 digit number, used to electronically transfer funds from you to NIH. If not, then please mark this block with a N/A. You can obtain this ALC from your accounting office.

Please return the completed NIH IAA Form 1742 to me at the fax number above. Please call me if you have any questions.

IAA form (Step 3)

IAA & MIPR PROCESS

Customer indicates if electronic funds transfer will be used

Enter 8 Digit Agency Location Code

Enter Employer ID & DUNS Number

Appropriation code for each line item

Paying Agency for each line item

After receiving the draft IAA and instructions from the NITAAC FT, the Customer completes and signs the form.

Amount for each line item

For DoD requests, the total of all line items must equal the total amount in MIPR Block 14.

Customer billing address

Name, Title, Signature and Date for each line item

Department of Health and Human Services
National Institutes of Health

Agency Agreement and Clearance

Intra-agency Agreement (within NIH)
 Inter-agency Agreement (outside NIH)

1. NIH Agreement Number (including Mod. No.)
Y3 - OD - [] []

2. Paying Agency Agreement Number
[]

3. Receiving Agency
Y3 - OD - []

4. Title of the Agreement
[]

5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.)
See Attached SOW (Ref): []

We intend on transferring funds electronically (IPAC)
 We intend on transferring funds using a voucher (SF 1080)

This contract activity is subject to a % processing fee.

6. Period of the Agreement
FY 2003

7. Authority for the Agreement
This agreement is made under the authority of 42 U.S.C. Section 231 - Service and Supply Fund (Uses, Reimbursements); and NIH Executive Agent Designation Authority Granted by OMB in September 2000.

Billing Information

8. Agency Location Code []

9. Employer Identification Number / DUNS Number []

10. Address []

11. Agency Location Code
75-08-0031

12. Employer Identification Number / DUNS Number
152085811501 / 927645168

13. Address
NIH, Office of Financial Management
9000 Rockville Pike, Bethesda, MD 20892
Bldg. 31, Room B1C23, Tel. (301) 496-6115

Accounting Information—Paying Agency

14. Paying Federal Agency	15. Agreement No. (Order No.)	16. Appropriation	17. CAN	18. Amount	19. Signatories (Name and Title)	20. Date
			XXXXXXX			
			XXXXXXX			
			XXXXXX			
			XXXX			

26. Signatories (Name and Title)
Mr. Victor E. Powers, Director, DITA

Contact: []

33. Phone
(301) 496-4316

IAA form (Step 4)

IAA & MIPR PROCESS

After receiving the customer signature on the IAA, the NITAAC FT returns the form to the CO for signature.

Department of Health and Human Services National Institutes of Health		1. NIH Agreement Number (including Mod. No.) Y3 - OD - [] []				
Agency Agreement and Clearance		2. Paying Agency Agreement Number []				
<input type="checkbox"/> Intra-agency Agreement (within NIH) <input checked="" type="checkbox"/> Inter-agency Agreement (outside NIH)		3. Receiving Agency Y3 - OD -				
4. Title of the Agreement []						
5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.) See Attached SOW (Ref): []						
<input type="checkbox"/> We intend on transferring funds electronically (IPAC) <input type="checkbox"/> We intend on transferring funds using a voucher (SF 1080)		This contract activity is subject to a % processing fee.				
6. Period of the Agreement FY 2003		7. Authority for the Agreement This agreement is made under the authority of 42 U.S.C. Section 231 - Service and Supply Fund (Uses, Reimbursements); and NIH Executive Agent Designation Authority Granted by OMB in September 2000.				
Billing Information						
Paying Agency	8. Agency Location Code []		10. Address []			
	9. Employer Identification Number / DUNS Number []					
Receiving Agency	11. Agency Location Code 75-08-0031		13. Address NIH, Office of Financial Management 9000 Rockville Pike, Bethesda, MD 20892 Bldg. 31, Room B1C23, Tel. (301) 496-6115			
	12. Employer Identification Number / DUNS Number 152085811501 / 927645168					
Accounting Information—Paying Agency						
14. Paying Federal Agency	15. Agreement No. (Order No.)	16. Appropriation	17. CAN	18. Amount	19. Signatories (Name and Title)	20. Date
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
[]	[]	[]	XXXXXXXX	[]	[]	[]
Accounting Information—Receiving Agency						
21. Receiving Federal Agency	22. Agreement No. (for NIH Y3)	23. Appropriation	24. CAN	25. Amount	26. Signatory (Name and Title)	Date
NIH, DITA	Y3-OD-	75X4554	3-[]	\$0.00	Mr. Victor E. Powers, Program Director, DITA	[]
					Contact: []	
					Voice: []	
					Fax: []	
28. NIH Project Officer's Name XX			29. IC XXXXXXXXXXXX	30. Phone XXXXXXXXXXXX		
31. NIH Administrative/Budget Office Contact Ms. Connie Bergsmith, Budget Analyst			32. IC OD	33. Phone (301) 496-4316		
34. Clearances	IC Signature and Date	[]	[]	[]	[]	[]

CO Signature and date

IAA form (Step 6)

IAA & MIPR PROCESS

After reviewing and signing the IAA, the CO submits the IAA to the NITAAC PD for signature.

Department of Health and Human Services National Institutes of Health		1. NIH Agreement Number (including Mod. No.) Y3 - OD - [] []	
Agency Agreement and Clearance		2. Paying Agency Agreement Number []	
<input type="checkbox"/> Intra-agency Agreement (within NIH) <input checked="" type="checkbox"/> Inter-agency Agreement (outside NIH)		3. Receiving Agency Y3 - OD - []	
4. Title of the Agreement []			
5. Summary of Substance of the Agreement (include purpose, resources committed: funds, personnel, equipment, facilities, etc.) See Attached SOW (Ref): []			
<input type="checkbox"/> We intend on transferring funds electronically (IPAC) <input type="checkbox"/> We intend on transferring funds using a voucher (SF 1080)		This contract activity is subject to a [] % processing fee.	
6. Period of the Agreement FY 2003		7. Authority for the Agreement This agreement is made under the authority of 42 U.S.C. Section 231 - Service and Supply Fund (Uses, Reimbursements); and NIH Executive Agent Designation Authority Granted by OMB in September 2000.	
Billing Information			
8. Agency Location Code []		10. Address []	
9. Employer Identification Number / DUNS Number []		11. Agency Location Code []	
13. Address NIH, Office of Financial Management 9000 Rockville Pike, Bethesda, MD 20892 Bldg. 31, Room B1C23, Tel. (301) 496-6115		19. Signatories (Name and Title) []	
20. Date []		21. Amount []	
Accounting Information—Receiving Agency			
21. Receiving Federal Agency NIH, DITA	22. Agreement No. (for NIH Y3) Y3-OD-	23. Appropriation 75X4554	24. CAN 3-[]
25. Amount \$0.00		26. Signatories (Name and Title) Mr. Victor E. Powers, Program Director, DITA	
27. Date []		Contact: Voice: [] Fax: []	
28. NIH Project Officer's Name XX		30. Phone XXXXXX XXXXXXXXXXXX	
31. NIH Administrative/Budget Office Contact Ms. Connie Bergsmith, Budget Analyst 4316			
34. Clearances IC [] Signature and Date []			

Verify that the total amount of all line items is equal to the total amount on the MIPR (for DoD requests)

PD Signature and date

Verify that the total of line items in block 25 equals the total in block 18)

MIPR (DD 448)

IAA & MIPR PROCESS

**Military Inter-departmental
Purchase Request (MIPR), DD 448**

**Form used by DoD agencies to
transfer funds to another agency**

**Request agencies use NITAAC
template (shown) to simplify
process**

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST					1. PAGE 1 OF <input type="text"/> PAGES				
2. FSC		3. CONTROL SYMBOL NO.		4. DATE PREPARED		5. MIPR NUMBER		6. AMEND NO.	
7. TO: NATIONAL INSTITUTES OF HEALTH, NITAAC (ATTN VICTOR POWERS), 6011 EXECUTIVE BLVD. ROOM 605J, ROCKVILLE, MD 20852-7667 PHONE (301) 402-3069, FAX (301) 496-8486						8. FROM: (Agency, name, telephone number of originator)			
9. ITEMS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.									
ITEM NO.	DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.)				QTY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE	
a	b				c	d	e	f	
<input type="checkbox"/>						1		\$0.00	
<input type="checkbox"/>						1		\$0.00	
<input type="checkbox"/>						1		\$0.00	
<input type="checkbox"/>						1		\$0.00	
The total price includes sufficient funds for the NITAAC service fee. Please provide details on the application of funds, including all service fees on the DD Form 448-2.									
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.								11. GRAND TOTAL	
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)						13. MAIL INVOICES TO (Payment will be made by)			
						PAY OFFICE DODAAD			
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.									
ACRN	APPROPRIATION	LIMIT SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION				ACCTS STA DODAAD	AMOUNT	
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
15. AUTHORIZING OFFICER. (Type name and title)						16. SIGNATURE		17. DATE	

DD Form 448, JUN 72 (EG)

PREVIOUS EDITION IS OBSOLETE.

Reset Form

MIPR (DD 448)

IAA & MIPR PROCESS

NITAAC mailing address provided in template

MIPR (and amendment) Number (used for tracking purposes in NITAAC forms)

Customer address, used in IAA (1742)

Request that DoD agencies use a separate line for NITAAC processing (service) fee

Processing (service) fee statement provided in template

Grand Total includes original MIPR plus current amendments

The total of the entries in MIPR Block 14 must equal the total of all line items in IAA Block 18

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST				1. PAGE 1 OF 1 PAGES	
2. FSC	3. CONTROL SYMBOL NO.	4. DATE PREPARED	5. MIPR NUMBER	6. AMEND NO.	
7. TO: NATIONAL INSTITUTES OF HEALTH, NITAAC (ATTN VICTOR POWERS), 6011 EXECUTIVE BLVD. ROOM 605J, ROCKVILLE, MD 20852-7667 PHONE (301) 402-3069 (301) 402-3067			8. FROM: (Agency name, telephone number of originator)		
9. ITEMS <input type="checkbox"/> INCLUDED IN THE INTERSERVICE SUPPLY PROGRAM AND REQUIRED INTERSERVICE <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.					
a	DESCRIPTION (Federal stock number, nomenclature, specification, or drawing No., etc.)	QTY c	UNIT d	ESTIMATED UNIT PRICE e	ESTIMATED TOTAL PRICE f
			1		\$0.00
			1		\$0.00
			1		\$0.00
			1		\$0.00
The total price includes sufficient funds for the NITAAC service fee. Please provide details on the application of funds, including all service fees on the DD Form 448-2.					11. GRAND TOTAL
INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.					
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)			13. MAIL INVOICES TO (Payment will be made by)		
PAY OFFICE DODAAD					
ACQUISITION REQUIREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH					
				ACCTG STA DODAAD	AMOUNT
15. AUTHORIZING OFFICER. (Type name and title)			16. SIGNATURE		17. DATE

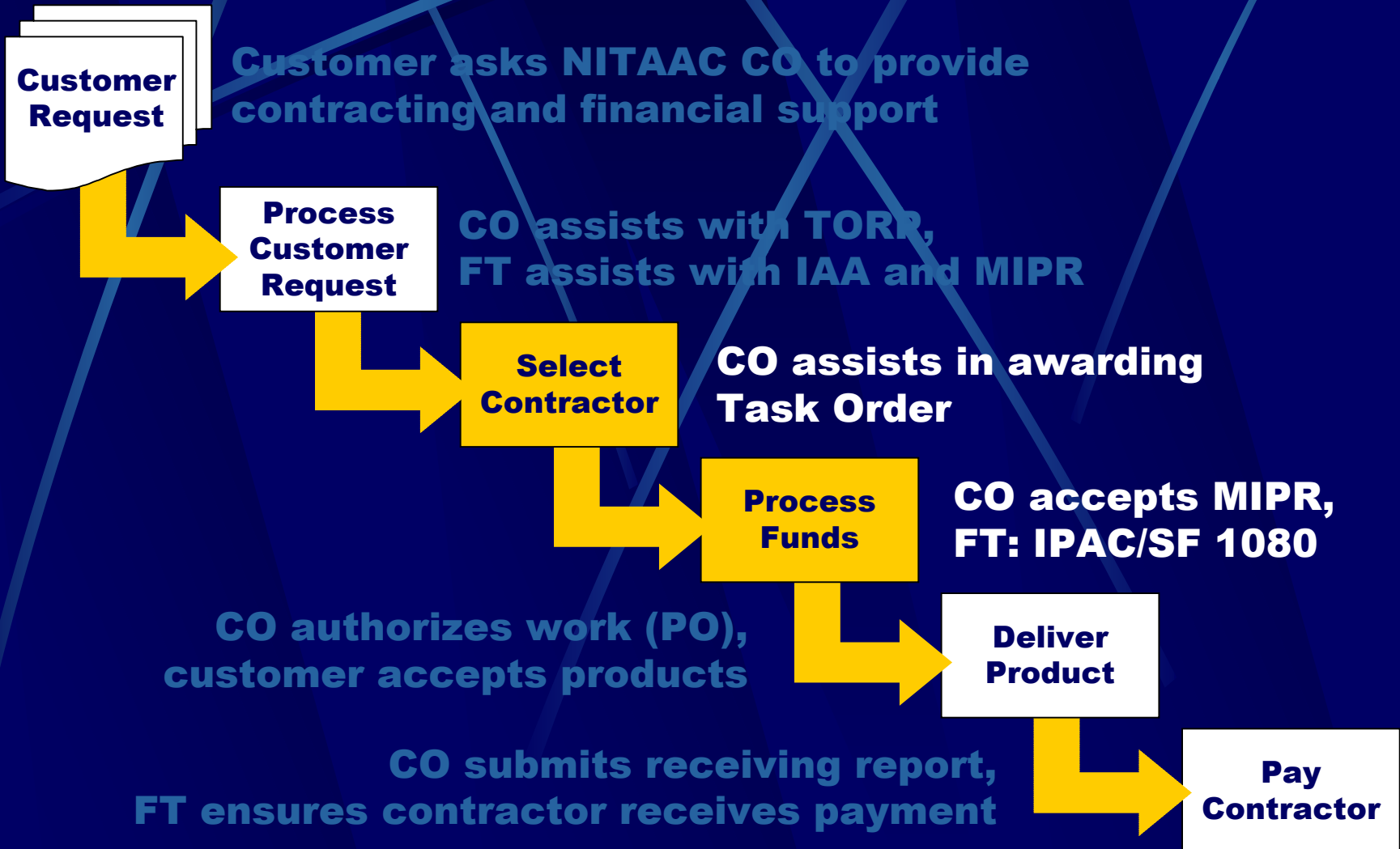
DD Form 448, JUN 72 (EG)

PREVIOUS EDITION IS OBSOLETE.

Reset Form

Funding process

NITAAC IPR



Funding process steps

FUNDING PROCESS

NITAAC IPR

Checklist Steps:

Step	Lead Org	Description	Verify/ Receipt	Compl. Date
6	NITAAC PD NITAAC FT	PD reviews/approves/signs IAA and TORP. FT forwards IAA to OD Budget Office, sends copy to CO.	NITAAC PD NITAAC FT	<input type="checkbox"/> <input type="checkbox"/>
9	NITAAC CO	Assist customer in competing and awarding task, submit notification to all bidders, send authorization to customer. If not MIPR, go to step 15.	NITAAC CO	<input type="checkbox"/>
10	NITAAC CO	Submit MIPR Acceptance Form (DD448-2) to customer, copies of MIPR & DD448-2 to PD & FT.	NITAAC CO	<input type="checkbox"/>
11	NITAAC FT	Contact customer to verify if IPAC will be used. If IPAC used, skip to step 15.	NITAAC FT	<input type="checkbox"/>
12	NITAAC FT	Submit SF1080 & MIPR to DoD Pmt Ofc with copy of SF1080, DD448, & DD448-2 to OFM/CSBAB.	NITAAC FT	<input type="checkbox"/>
13	DoD Pmt Office	Submit schedule to Treasury Department to send check to NIH Cashier's Office (bldg. 31).		
14	NIH Cashier	Deposit Funds into general account, send e-mail notification to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
15	NITAAC FT	Submit IPAC, MIPR, & DD448-2 to OFM/CSBAB, copy of IPAC form to NITAAC CO.	NITAAC FT	<input type="checkbox"/>
16	OFM/CSBAB	Transfer funds to Customer CAN, notify NITAAC FT & CO. Transfer fee to NITAAC revenue CAN, notify NITAAC FT.	NITAAC FT NITAAC FT	<input type="checkbox"/> <input type="checkbox"/>

MIPR acceptance form (continued)

FUNDING PROCESS

CO Indicates how the items will be provided (Typically Category 1 (6.a.))

Check Block 7 if any MIPR items are not accepted

For each MIPR line Item, provide quantity and estimated price

Calculate the total amount (automated form template does this for you)

Obligation date for Category II Items

Indicate if additional funds are needed, or if any funds need to be withdrawn (automated form calculates amount)

Include Contract #, TO #, and Fee Amount

Fill-in NITAAC CO address, phone, CO Name, Signature, and Date (Blocks 14-17)

Include remarks based on input to Blocks 7 & 12

ACCEPTANCE OF MIPR					
1. TO (Requiring Activity Address)(Include ZIP Code)			2. MIPR NUMBER		3. AMENDMENT NO.
			4. DATE (MIPR Signature Date)		5. AMOUNT (As Listed on the MIPR)
6. The MIPR identified above is accepted and the items requested will be provided as follows: (Check as Applicable)					
a. <input type="checkbox"/> ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT (Category I)					
b. <input type="checkbox"/> ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS (Category II)					
c. <input type="checkbox"/> ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW					
d. <input type="checkbox"/> THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.					
<input type="checkbox"/> MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.					
8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.	ITEM NO. a.	QUANTITY b.	ESTIMATED PRICE c.
d. TOTAL ESTIMATED PRICE		\$0.00	e. TOTAL ESTIMATED PRICE		\$0.00
10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS			11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS		
12. FUNDS DATA (Check if Applicable)					
a. <input type="checkbox"/> ADDITIONAL FUNDS IN THE AMOUNT OF \$ _____ ARE REQUIRED (See Justification in Block 13)					
b. <input type="checkbox"/> FUNDS IN THE AMOUNT OF \$ _____ ARE NOT REQUIRED AND MAY BE WITHDRAWN					
13. REMARKS					
Contract Number: _____			Other Remarks:		
Task Order Number: _____					
Task Order Amount for Services: \$0.00					
Task Order Amount for Fees: _____					
14. ACCEPTING ACTIVITY (Complete Address)			15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL		
ATTN: _____ Room: _____					
NATIONAL INSTITUTES OF HEALTH, NITAAC					
6011 EXECUTIVE BLVD., ROCKVILLE, MD 20852-7667					
Voice: _____ FAX: _____			16. SIGNATURE		17. DATE

SF 1080 voucher (Step 12)

FUNDING PROCESS

Voucher for Transfers Between Appropriations and/or Funds

Used to request a U.S. Treasury check when electronic transfer is unavailable

Standard Form 1080
Revised April 1982
Department of the Treasury
FORM 2-2500
1080-109

**VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS**

Department, establishment, bureau, or office receiving funds
ATTN: _____ Room: _____
NATIONAL INSTITUTES OF HEALTH, NITAAC
6011 EXECUTIVE BLVD., ROCKVILLE, MD 20852-7667

Department, establishment, bureau, or office charged

VOUCHER NO. _____
SCHEDULE NO. _____
BILL NO. NITAAC
PAID BY _____

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUANTITY	UNIT PRICE		AMOUNT DOLLARS AND CENTS
				COST	PER	
			1		1	\$0.00
			1		1	\$0.00
		NITAAC FEE	1		1	\$0.00
Ref. Agreement Number: _____						TOTAL \$0.00

Remittance in payment hereof should be sent to -- NIH, OFM, FSB
Building 31, Room B129
31 Center Dr. MSC 2054
Bethesda, MD 20892-2054

NOTE: PLEASE RETURN A COPY OF THIS FORM WITH PAYMENT

Any questions? Please call:
Sonya Lloyd-Hobbs (301) 496-5460
Kent Alston (301) 594-5127

ACCOUNTING CLASSIFICATION -- Office Receiving Funds

Appropriation: 75X4554 Bill No: 003 NITAAC Obj. Class: O.C. 6175	Task/Order Information CAN: _____ Amount: _____	Fee Information CAN: 8330440 Amount: _____
--	---	--

CERTIFICATE OF OFFICE CHARGED

I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

(Date)

(Authorized administrative or certifying officer)

(Title)

ACCOUNTING CLASSIFICATION -- Office Charged

Paid by Check No. _____

NSN 7540-00-634-4290

Previous Editions Are Usable
USAPA V3.00

SF 1080 voucher (continued)

FUNDING PROCESS

NITAAC CO and Room #

Billing No. provided by FT

Customer's billing address, should match IAA Block 10

Include details of the order, except for the fee

Separate Line for the fee

Task Order Number (IAA Block 5)

IAA Number (IAA Block 1)

Contact information

CAN provided by FT (other values auto-calculated)

Customer signs and dates the form, fills-out accounting classification

Standard Form 1080
Revised April 1982
Department of the Treasury
IFORM 2-2500
1080-109

**VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS**

Department, establishment, bureau, or office receiving funds
ATTN: NATIONAL INSTITUTES OF HEALTH, NITAAC
6011 EXECUTIVE BLVD., ROCKVILLE, MD 20852-7657

Department, establishment, bureau, or office charges

VOUCHER NO. _____
SCHEDULE NO. _____
BILL NO. NITAAC
PAID BY _____

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
			1		1	\$0.00
			1		1	\$0.00
		NITAAC FEE	1		1	\$0.00
Ref. Agreement Number: _____						TOTAL \$0.00

NOTE: PLEASE RETURN A COPY OF THIS FORM WITH PAYMENT

NIH, OFM, FSB
Building 31, Room B129
31 Center Dr. MSC 2054
Bethesda, MD 20892-2054

Any questions? Please call:
Sonya Lloyd-Hobbs (301) 496-5460
Kent Alston (301) 594-5127

ACCOUNTING CLASSIFICATION -- Office Receiving Funds

Appropriation: 75X4554 Bill No: 003 NITAAC Obj. Class: O.C. 6175	Task/Order Information CAN: _____ Amount: _____	Fee Information CAN: 8330440 Amount: _____
--	---	--

CERTIFICATE OF OFFICE CHARGED

I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment requested is approved and should be paid as indicated.

(Date)

(Authorized administrative or certifying officer)

(Title)

ACCOUNTING CLASSIFICATION -- Office Charged

Paid by Check No. _____

NSN 7540-00-834-4290

Previous Editions Are Usable
USAPA V3.00

IPAC request form (Step 15)

FUNDING PROCESS

DATE:

NITAAC IPAC Collection Form

CSBAB Point of Contact (POC):	<input type="text" value="Ms. Carlyn Lewis"/>
POC Phone:	<input type="text" value="(301) 435-7994"/>

<u>Descriptive Information (below) to be included on the IPAC Form</u>			
Customer ALC #:	<input type="text"/>	Customer DUNS #:	<input type="text"/>
<u>Account Information</u>			
		Amount	CAN
Supplies and services:	<input type="text"/>	<input type="text"/>	
NITAAC Fee:	<input type="text"/>		8330440
Total:		\$0.00	XXXXXXXXXXXX
Customer Reference Number:	<input type="text"/>		
<u>Appropriation</u>	<u>Limit/ Subhead</u>	<u>Supp. Acctg. Classification</u>	<u>DODAAD (if used)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer Organization: <input type="text"/>			

NIH ALC :	<input type="text"/>	NIH DUNS #:	<input type="text"/>	NIH Appropriation:	<input type="text"/>
NITAAC Task Order Number: <input type="text"/>					
NITAAC Instructions:					
<input type="text"/>					

IPAC Collection form used by NITAAC financial team to provide customer's electronic funding information and distribution instructions (if necessary) to CSBAB

IPAC request form (continued)

FUNDING PROCESS

DATE:

NITAAC IPAC Collection Form

CSBAB Point of Contact (POC):

POC Phone:

Descriptive Information (below) to be included on the IPAC Form

Customer ALC #: Customer DUNS #:

Account Information		Amount	CAN
Supplies and services:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NITAAC Fee:	<input type="text"/>		8330440
Total:		\$0.00	XXXXXXXXXXXX

Customer Reference Number:

Appropriation	Limit/ Subhead	Supp. Acctg. Classification	DODAAD (If used)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Customer Organization:

NIH ALC: NIH DUNS #: NIH Appropriation:

NITAAC Task Order Number:

NITAAC Instructions:

8 Digit Agency Location Code
(see IAA Form, Block 8)

Values based on award (If
DoD 448-2 Block 13), CAN
provided by NITAAC FT

Usually the MIPR number, but may
also refer to a customer agency
agreement number

As listed in the SOW

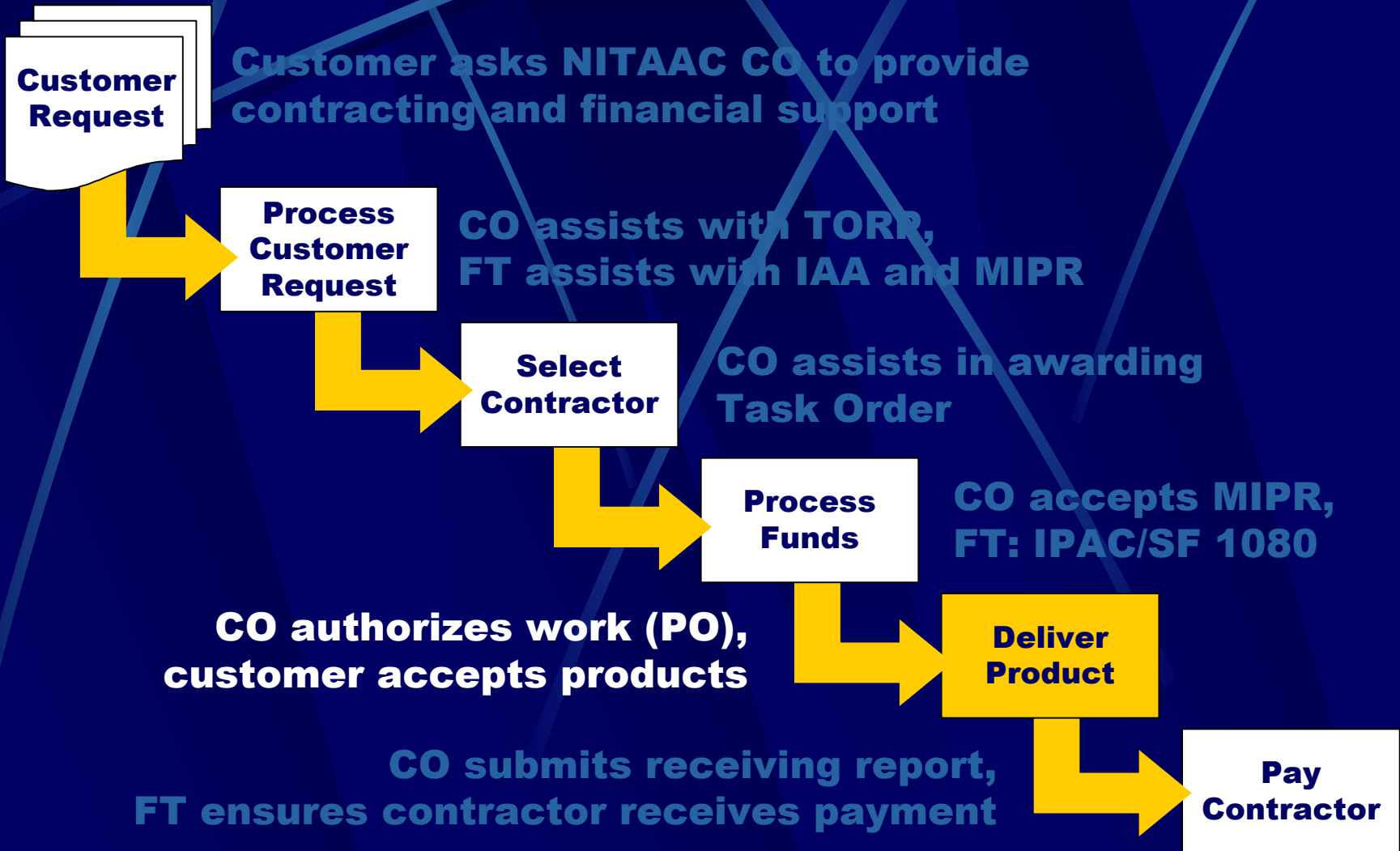
Items for this line obtained
from the MIPR or Outside
Agency Agreement

Provided in the IAA, Block 5

Instructions obtained from the SOW

Purchase Order (PO) process

NITAAC IPR



PO process steps

PO PROCESS

NITAAC IPR

Checklist Steps:

Step	Lead Org	Description	Verify/ Receipt	Compl. Date
16	OFM/CSBAB	Transfer funds to Customer CAN, notify NITAAC FT & CO. Transfer fee to NITAAC revenue CAN, notify NITAAC FT.	NITAAC FT NITAAC FT	<input type="checkbox"/> <input type="checkbox"/>
17	NITAAC CO	Submit PO to contractor, PO copy to NITAAC FT & customer; enter ROC into ADB.	NITAAC CO	<input type="checkbox"/>
18	Contractor	Perform Work specified in the Task Order, submit invoice to NITAAC CO and Customer, with copy to OFM Accounts Payable.		
19	Customer	Review/accept work, submit signed invoice to NITAAC CO.	NITAAC CO	<input type="checkbox"/>

PO form (Step 17)

PO PROCESS

Purchase Order (PO), Optional Form 347

Used by the NITAAC CO to direct the contractor to begin work on the task

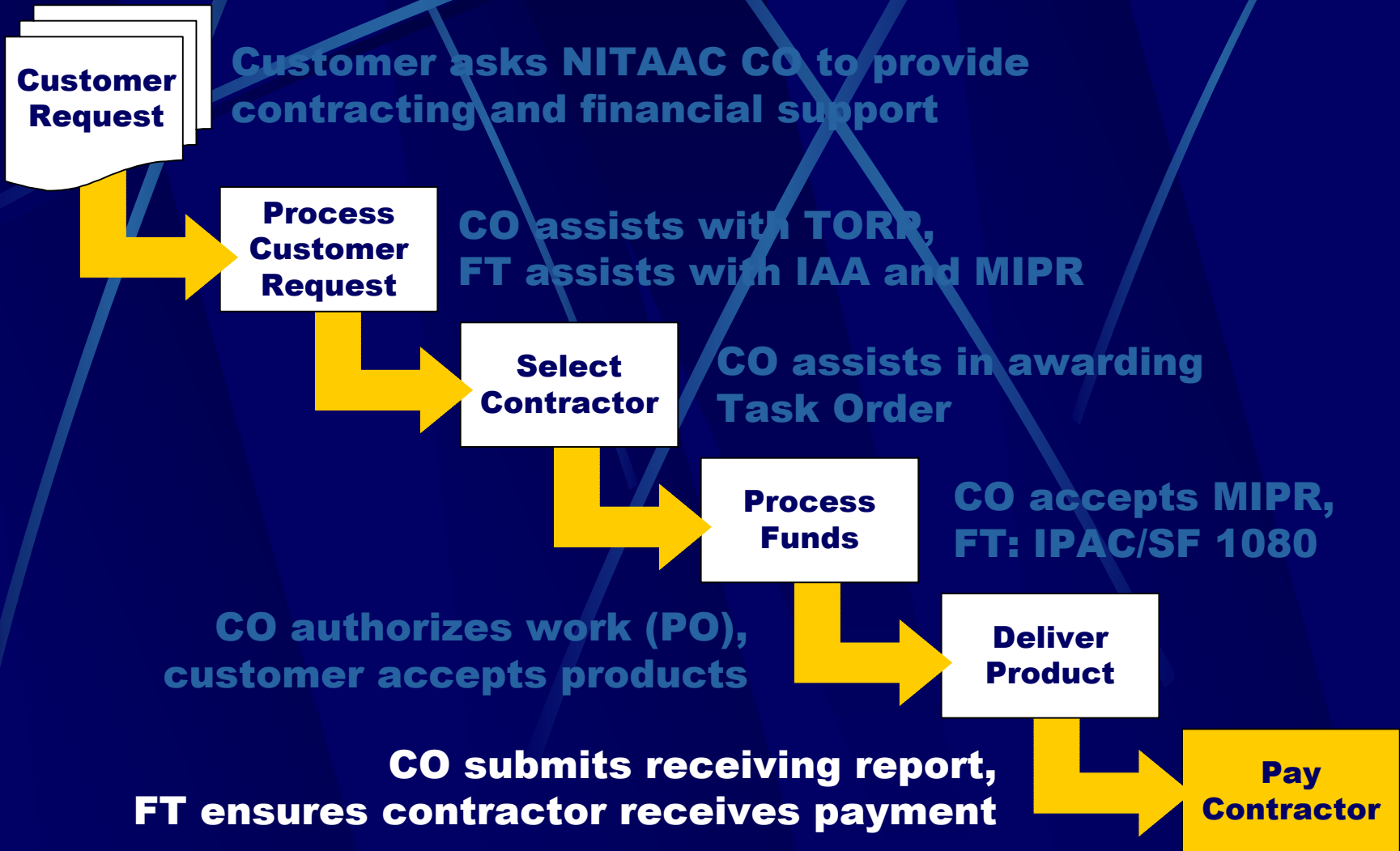
Includes delivery instructions and cost information

Note: Instructions for completing a PO are not included in these procedures

ORDER FOR SUPPLIES OR SERVICES						PAGE	OF	PAGES	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.									
1. DATE OF ORDER		2. CONTRACT NO. (If any)		6. SHIP TO:					
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE					
5. ISSUING OFFICE (Address correspondence to)				b. STREET ADDRESS					
7. TO:				c. CITY		d. STATE	e. ZIP CODE		
a. NAME OF CONTRACTOR				f. SHIP VIA					
b. COMPANY NAME				8. TYPE OF ORDER					
c. STREET ADDRESS				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		<input type="checkbox"/> b. DELIVERY -- Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is subject to the terms and conditions of the above-numbered contract.			
d. CITY				e. STATE		f. ZIP CODE			
9. ACCOUNTING AND APPROPRIATION DATA				10. REQUISITIONING OFFICE					
11. BUSINESS CLASSIFICATION (Check appropriate box(es))									
<input type="checkbox"/> a. SMALL			<input type="checkbox"/> b. OTHER THAN SMALL			<input type="checkbox"/> c. DISADVANTAGED		<input type="checkbox"/> d. WOMEN-OWNED	
12. F.O.B. POINT			14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS		
13. PLACE OF				a. INSPECTION		b. ACCEPTANCE			
17. SCHEDULE (See reverse for Rejections)									
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)			
					\$0.00				
					\$0.00				
					\$0.00				
					\$0.00				
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.					
21. MAIL INVOICE TO:				17(h) TOT. (Cont. pages)					
a. NAME									
b. STREET ADDRESS (or P.O. Box)									
c. CITY				d. STATE	e. ZIP CODE				
22. UNITED STATES OF AMERICABY (Signature)				23. NAME (Typed)					17(i) GRAND TOTAL
SEE BILLING INSTRUCTIONS ON REVERSE				TITLE: CONTRACTING/ORDERING OFFICER					\$0.00

Payment process

NITAAC IPR



Payment process steps

PAYMENT PROCESS

NITAAC IPR

Checklist Steps:

Step	Lead Org	Description	Verify/ Receipt	Compl. Date
19	Customer	Review/accept work, submit signed invoice to NITAAC CO.	NITAAC CO	<input type="checkbox"/>
20	NITAAC CO	Submit Receiving Report to OFM with a copy to NITAAC FT.	NITAAC FT	<input type="checkbox"/>
21	NIH OFM/AP	Submit payment to Contractor (notification of payment/final invoice to FT).	NITAAC FT	<input type="checkbox"/>
22	NITAAC CO	Close file with final invoice.	NITAAC CO	<input type="checkbox"/>

- This is a team effort—communication is paramount
- IAA and MIPR dollar amounts must match
- MIPR acceptance must break-out fees, and must not exceed MIPR/IAA amount
- Annotate checklist after completing each step in the process
- Use the tailored forms
 - Standardization
 - Some of steps are automated
- Do not use Economy Act Language
- Follow up on the process with team members

Remember

- Triage orders
- Obtain pertinent preliminary information
 - Order dollar value
 - Type of IT commodity being acquired
- Explain established fee structure to customers, **BUT DO NOT NEGOTIATE FEES**
- Check that MIPR dollar amounts match IGCE/SOW dollars
- Explain time frame of order placement to customers
- Explain NITAAC contract administration services provided to customers

Frequently Asked Questions

● When should I use a MIPR?

- *MIPRs can be used when you have a bonafide IT acquisition need for products and services for which you need to obligate funds for completing the entire period of performance even if it crosses fiscal years.*

● Can I use MIPRs for purchasing systems and services through CIO-SP2i or IW2nd?

- *Yes, you can.*

● What steps are necessary if I want to use a MIPR for a Task Order?

- *A Task Order Requirements Package (TORP) should be prepared and sent to the CIO-SP2i or IW2nd Contracting Officer (CO).*
 - *The TORP contains the Statement of Work (SOW) and other documents that are required to solicit proposals from the CIO-SP2i or IW2nd prime contractors. Blank TORP forms are downloadable from the NITAAC Website.*
- *Using the data provided in the TORP and SOW, NITAAC begins the preparation of an Inter-Agency Agreement Form (NIH 1742).*
 - *The NIH 1742 form allows the Paying Federal Agency (i.e., the customer) and the Receiving Federal Agency (i.e., NITAAC/NIH) to exchange accounting, administrative, and financial contact information.*
- *The partially completed NIH 1742 is forwarded to the customer for completion of the Paying Agency sections, which includes the signature of the Certifying Officer. Upon completion of the NIH 1742, the customer transmits it back to NITAAC for the CO's and Program Director's signatures.*
- *NITAAC then forwards a copy of the fully completed NIH 1742 to the customer for their records.*

Frequently Asked Questions

- **Where can I obtain information on how to use a MIPR for a new contract under CIO-SP2i or IW2nd?**
 - *The new Guidelines documents for CIO-SP2i and IW2nd contain sections describing how to use a MIPR for a Task Order. The Guidelines may be downloaded from the NITAAC Website (<http://nitaac.nih.gov/>). If the Guidelines do not answer your questions, you may contact a NITAAC Contracting Officer by phone or e-mail at the numbers and addresses listed on the [Website](#).*
- **What forms are required to be filled out by the customer?**
 - *TORP Package*
 - *NIH 1742 – IAA Form*
 - *SRDP Package*
 - *MIPR Form DD448*
 - *Other approved Agency forms*
- **How are the MIPR funds transferred to NIH?**
 - *There are two methods of transferring the funds to NIH: electronically and by Treasury check.*
- **What is the NITAAC processing fee for MIPRs?**
 - *2.5%*

Frequently Asked Questions

- **How can I submit the MIPR funds electronically?**
 - *If the paying office has access to the Inter-Governmental Payment and Collection System (IPAC), MIPR Block 13 should state the Agency Location Code (ALC) of the paying location. NITAAC will charge the paying location ALC and the funds will be transferred electronically.*
- **If I don't have IPAC system capabilities, what is required?**
 - *If the paying office does not have access to the IPAC System, NITAAC will send an SF 1080 "Voucher for Transfers Between Appropriations and/or Funds" to the mailing address on MIPR Block 13 and the customer will send the funds via Treasury check.*
- **Using a MIPR, how late in the fiscal year may I obligate funds to purchase services through CIO-SP2i or IW2nd?**
 - *You may begin the MIPR processing as late as September 1st and, assuming that all components of the TORP can be approved as submitted, you can be assured that current Fiscal Year funds can be obligated. Obligation of funds must be completed by September 30.*
- **How long should I anticipate the MIPR and Task Order process to take?**
 - *Under CIO-SP2i and IW2nd, the MIPR and Task Order process can take up to 2-3 weeks to ensure Fair Opportunity.*

Frequently Asked Questions

- **How are Amendments to the MIPR handled?**
 - *The purpose of an amendment is to generally increase or decrease funding. NITAAC functions for handling amendments will include processing the MIPR acceptance FORM DD448-2, and the SF1080 Voucher for Transfers, if the IPAC system is not utilized. For customers on IPAC systems, electronic funding transfer will take place.*
- **Why do I need to submit the Inter-Agency Agreement (NIH 1742) form before I submit a MIPR?**
 - *The IAA form enables NITAAC and your Agency to exchange accounting and contact information that is needed before a MIPR can be processed.*
- **Does the Economy Act (31 U.S.C. 1535) apply if I place an interagency order through a Government-wide Acquisition Contract (GWAC) vehicle?**
 - *Consistent with the Federal Acquisition Regulation (FAR), Part 2.101, the Economy Act is not applicable when a customer agency uses a GWAC managed by an agency designated as an Executive Agent. The Office of Management and Budget grants this authority pursuant to **section 5112(e) of the Clinger-Cohen Act, 40 U.S.C. 1412(e)**. GWACs are subject to applicable Executive branch policies and procedures, but are not subject to the requirements and limitations of the Economy Act.*
 - *In the event that an Economy Act action is necessary, a Determination and Findings is prepared in accordance with FAR Part 17.503.*

Frequently Asked Questions

NITAAAC IPR

- **How does the funds availability period affect the Period of Performance (POP)?**
 - *The funds availability period should coincide with the POP. The customer can insure this by noting their funds availability period and verifying that the POP falls within the limits. The POP may be obtained from the CO during the Task Order processing activity.*