

Diana Mukitarian:

I am just delighted to introduce Bruce Simons-Morton. This is the first time that we've had a project officer join us. He is one of the possible 18,000 people that I know you're looking for [chuckles]. He is the person that has the authority to decide that we need cups and gets the money to generate the requests for that contract action.

Bruce Simons-Morton:

I'm Bruce Simons-Morton. I'm the chief of the Prevention Research Branch at NICHD and I was asked to basically provide you with my experiences. There is not, like, one type of project officer so I'm going to give you, sort of, my personal experience and talk a little bit about my perspective of the project officer role, a little bit about the experience of developing RFPs so you'll have a little insight into that, and then talk a little bit about the special conditions of subcontracts once a contract is awarded.

So, from a project officers' perspective, my job and the job of many others are to direct the work. In my case, it's to direct the science and then, once a contract is awarded, to make sure that the work is consistent with the objectives of the research project. Each project officer at NIH has relatively unique interests. These are driven by the topics that they're concerned about and the unique nature of their branch or lab and even in what group they're with.

I'm going to share with you my rather unique work. I think this is very exciting work and these are relatively large projects, but the first of these—I think I've been here 11 years—and the first contract we awarded was in the area of adolescent problem behavior. The first study was—a contract was awarded in a small business set aside to a small business contracting group and we did the “Going Places” study, which is a school-based problem behavior intervention study. It was completed in 1999. Very nice experience, we did a market survey. It was determined that there were contractors who could do this work. We had a nice collaboration that the contractor really worked for me, but it was a very collaborative kind of thing. The contractor's responsibility in this case was to recruit the schools, conduct the surveys, help implement the study and collect the data.

We're doing a second study in this area, the area of adolescent problem behavior that was not a small business set aside. We did a market survey. Found no small businesses that responded who were qualified and so it wasn't a set aside. It was actually awarded to a group in the pediatrics at Johns Hopkins University. It's an aggression prevention study, and we were actually a little bit surprised that we didn't have more small businesses, or any small businesses, really respond to our market survey.

We're doing research in the area of family management, of young drivers. We awarded two contracts to two small businesses. This was a small business set-aside. Unfortunately one of these small businesses went out of business in the first year and we lost that contract, but we're doing excellent work with a group in Connecticut, a small business. It's a study where we're interested in increasing parental management of young newly licensed drivers. The first six months of driving is hugely dangerous, crash rates are really high and the idea is to get parents to put some restrictions on their teens.

And then the third area that my branch works in is family management of childhood diabetes. We're just toward the end of competing. That is an RF—an announcement was closed in February, I guess, and we are about to review those proposals. And in that—it's a multi-site trial and it's a clinical trial so the actual sites could not be set-aside for small businesses. We needed universities with patients. However, we were able to set-aside the coordinating center and typically at NIH we do set-aside coordinating centers for small businesses because they've shown that there is a lot of small business that could do that. I was disappointed however that only two small business coordinating center proposals came in.

Let me talk a bit about the request for proposals from the project officer's perspective. This is a relatively extended planning process—that is, it's really competitive at NIH. There's a lot more ideas than there is money, and we're starting now for proposals that will be for ideas that will become RFPs in FY '05. Typically we get our budget at NIH about four months into the new fiscal year. RFCs are never approved until our budget is set. So, along about December of the fiscal year, is the first time we can submit an RFC. So, that means that the RFP will hit the streets in our case generally in February. Very short turn-around. So, it's a real dash throughout this whole process.

There are small business considerations along the way. The project officer discusses this with the contract officer who has a very close relationship with the Small Business Office at NIH. Typically clinical trials we don't set aside, for reasons I just described. The large or specialized studies would be too large for small businesses. Generally coordinating centers are set aside, and in most other cases we do market surveys to determine whether small businesses are eligible or available.

Let me talk a little about the project officer and the contract officer partnership. This is truly a partnership. In both the RFC development and the RFP development the responsibility of the project officer, of course, is the science and of the contract officer to make sure that the business is correct and the contractual procedures are correct. And during the review and proposal process, we're to some extent on the sidelines because NIH requires peer review of these proposals, and then after review there's a selection and a justification that the contract officer and the project officer prepare, and we request for an award and then awards are made. And then during contract management, the project officer again is responsible that the work is being done, the invoices come to the project officer, I verify that the work got done and then it goes to the contract officer who makes sure that the budget is correct.

Let me talk a little bit about the RFPs. These are quite unique documents and I just want to talk about 3 parts of this. When we write an RFP, we write a statement of work that's reasonably general that covers the work. And we do this for two reasons. We write a statement of work that allows us to maneuver within a fairly dynamic space so that we don't have to constantly revise or modify the contract. The deliverables are basically a roadmap. It allows the offeror to identify and create their work plan. It specifies what's going on in a chronological sense and what you're going to be expected to complete and

what reporting requirements you have. And then, a very critical part of the RFP is the additional technical information. I write the additional technical information part of the RFP, really, to the offeror. Because if you're an astute observer of the RFP, you get a good idea of what's required, but the additional technical information is the information that is what the reviewers are going to be looking for. The proposal is going to be evaluated on the basis of this additional technical information. Some of it is redundant with what we already have in the evaluation criteria, but it really spells it out so pay attention to the additional technical information.

Now how does an RFP come to life? The first thing is, when the RFC is finally approved an RFP hits the streets, there's a federal BIZ announcement, and then applications are due typically in a minimum of 60 days. And the reasons we do it in 60 days, sometimes a little longer, but usually it's the minimum of 60 days, because we're in a hurry to award the proposal, award the contract because if you don't award it in the fiscal year the money runs out, you're not necessarily able to recoup it the next year. So, it's a very tight time line. So when you see these things—I apologize in advance, but it's always—almost always a very short turn around.

We do peer review, and this is truly peer reviewed. That is, the proposals come in, there's an independent review group that manages the review, we invite technical experts with expertise to look at these reviews now again, these proposals are relatively large, these are not pencils and pens, these are R&D type contracts and they come in and they review the application without input, really, from the project officer or the contract officer other than overseeing capacity. And then they identify the competitive range—that is, they identify scores and the contract officer and the project officer say, "Alright these are the best scored ones, these are the ones likely to get funded," they have the potential to be awarded, I should say. At that point we notify all the offerors who came in of the status and offer to debrief any offeror who would like to be debriefed. And then we enter into negotiations. Again, there's a relationship—a partnership—between the contract officer and the project officer. The project officer is primarily interested in the science. The contract officer is primarily interested in the budget, but we work very closely together in negotiations. Once we identify the contract—the offeror, or several offerors—that we would like to make awards to we write a justification for our selection. It gets reviewed at the administrative levels of the NIH and then ultimately awards are made. So you can see, because of the budget process it is really a very fast turn-around to get this work done, and a lot of ideas that are in the contract planning process never come to the light of day for one reason or another.

Just a couple of things to say—the small business considerations on subcontracts. Subcontracting is probably a really good area for small businesses and a lot of our subcontracts are, once a contract is awarded, small business. Sometimes those are identified in advanced, sometimes not. Contractors, prime contractors, have obligations for small businesses. There's a process that really favors small businesses, and again we—when we're—the kinds of things that come up are often small surveys that were not initially part of the work of the contractor, graphic arts, computer applications, laboratory measures—a variety of things. Computer system instruction is something that we often

contract out for. And so again we go through the Small Business Office source list looking for small businesses who are qualified and we do market surveys, and then again there's negotiations and award that are much streamlined. There is a review procedure, but it's much easier than the main contract for these large studies.

There are a lot of small business set-asides from where I sit—that is, coordinating centers are always set aside, virtually always in my experience. Anything that's not does not have special requirements that would exclude a small business, such as a clinical trial, we tend to set aside. And then there's—most subcontracting work is small business set-aside. So, I think there's a real bias, a real sense that we want small businesses to do the work that they're capable of doing. There's a very nice review process, a collaborative process between contracts and NIH small business to say, "Yeah, this is a study that can be done" or "This is a project that can be done with a small business."

The RFP deadlines, however, are very short. Qualifications, what are we looking for in small businesses? Always what we're looking for is, does the small business have the expertise, in terms of their staff? Do they have the capabilities, in terms of their infrastructure? Three, do they have the experience?—it's a crucial thing. If we're looking for somebody to do telephone surveys for example, we want a firm that can show us that they've done telephone surveys and that they get a good response rate and they can do it at a good price. And then finally, what is the reputation? Once we've gone through and identified a small business or two that we're interested in, we go talk to those they worked for before and say, "You know is this a responsive contractor?" In my experience, I've had very good experiences with small businesses and I think the sense among project officers generally is if we can do a project that way, we should.