

**CIO-SP2i – Solution Recommendation Document Package (SRDP)**



**Award Date:** 12/21/2000  
**Expiration Date:** 12/20/2010  
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**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:**

<b>Hard Copy</b>	<b>Compact Disk</b>	<b>E-Mail</b>	<b>Item</b>
<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 (PDF) (Word)</i> , 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 CIO-SP2i Task Order Guidelines have been met. At a minimum, the AMO signature page must be mailed or faxed to the CIO-SP2i CO.

<b>AMO</b>	
Customer Name	
Job Title	
Address	
City	

State Code	
Zip Code	
Phone	
Fax	
Email	

4. List each of the CIO-SP2i prime contractors who responded to your SOW.

5. The Prime Contractor recommended for award:

Prime Contractor Name	
CIO-SP2i 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 \$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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 *CIO-SP2i 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** \_\_\_\_\_