



**ATTACHMENT J.11**



**Image World2 New Dimensions – TORP Transmittal Letter**

**Award Date:** 12/21/2000  
**Expiration Date:** 12/20/2010  
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**TORP Transmittal Letter**

Note: Words in italics are used to provide general guidance and/or example content.  
*Customers submit electronic copies of the TORP Transmittal Letter 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.*

Customer Agency and Sub-Agency Inside Address  
Date  
NITACC/IW2nd  
6011 Executive Blvd., Suite 503J  
Rockville, MD 20892  
ATTN: IW2nd Contracting Officers  
This letter transmits the following TORP:

**1. Task Order Data**

Task Order Title:	
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**2. The Points of contact for this task order are:**

<b>Contracting Officer</b>	
Customer Name	
Job Title	
Address	
City	
State Code	
Zip Code	
Phone	
Fax	
Email	



<b>Accountable Management Official</b>	
Customer Name	
Job Title	
Address	
City	
State Code	
Zip Code	
Phone	
Fax	
Email	

<b>Contracting Officer Technical Representative</b>	
Customer Name	
Job Title	
Address	
City	
State Code	
Zip Code	
Phone	
Fax	
Email	

Personnel identified to serve as Contracting Officer's (CO) Technical Representative (COTR) are required to successfully complete the appropriate COTR or Basic Project Officer course before assuming the duties of their designated role.

I certify that I have completed the required COTR training on \_\_\_\_\_ Date

If this is an assisted order for an HHS task order, then complete the following section:

<b>HHS Reviewing Contracting Officer</b>	
Customer Name	
Job Title	
Address	
City	
State Code	
Zip Code	
Phone	
Fax	
Email	



The AMO and the CO may be the same individual if the order is placed through local (i.e., the agency) channels. If no local agency CO is available, the CO from the agency authorized to sign the order should be cited and the AMO from the customer agency should be cited in the appropriate boxes.

### 3. The package includes the following items:

Hard Copy	Compact Disk	E-Mail	Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statement of Work including evaluation criteria, evaluation factors, deliverable schedule, Quality Assurance Surveillance Plan (QASP), period of performance, and location. <input type="checkbox"/> Check here if the Government is requiring offerors to submit a proposed QASP.
<input type="checkbox"/>	N.A.	N.A.	Exception to Fair Opportunity to be Considered if applicable--signed by the appropriate agency official. May be provided in item 6, below, or as an attachment.
<input type="checkbox"/>	N.A.	N.A.	Justification for Use of Brand Names if applicable--signed by the appropriate agency official. May be provided in item 7, below, or as an attachment.
<input type="checkbox"/>	N.A.	N.A.	Justification for Bundled Contract Requirement--signed by the appropriate agency official. May be provided in item 8, below, or as an attachment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Government Cost Estimate.
<input type="checkbox"/>	N.A.	N.A.	For HHS customers, either of the following certifications: <i>TORP Security Certification</i> ( <a href="#">PDF</a> ) ( <a href="#">Word</a> ) <b>or</b> <i>TORP Security Certification Not Applicable</i> ( <a href="#">PDF</a> ) ( <a href="#">Word</a> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acquisition Plan (applicable only for assisted orders).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(for DoD orders) Justification for using non-DoD contract.

### 4. Development Modernization or Enhancement Investment and Earned Value Management

4.1 DME Investment and Agency		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is any portion of this TO for development, modernization, or enhancement (DME)? If "No" please skip to section 5.
<input type="checkbox"/>	<input type="checkbox"/>	Is the procuring Agency for this task order HHS? If "No" please skip to section 4.3 or 4.4, as appropriate.
4.2 This section is for HHS Task Orders Only		
<input type="checkbox"/>	<input type="checkbox"/>	Mark "Yes" if this task order is funded by an investment listed on your Agency's Exhibit 53 (or an Exhibit 300), and designate the tier of the <i>investment</i> below. Otherwise, mark "No".



		<input type="checkbox"/> Tier I ( IT Investment DME \$10M or above) <input type="checkbox"/> Tier II (IT Investment DME greater than or equal to \$1M but less than 10M) <input type="checkbox"/> Tier III ( IT Investment under \$1M)
<input type="checkbox"/>	<input type="checkbox"/>	Mark "Yes" if this task order is not listed on your Agency's Exhibit 53 (or an Exhibit 300), and designate the tier of the <i>task order</i> below. Otherwise, mark "No".  <input type="checkbox"/> Tier I ( IT Investment DME \$10M or above) <input type="checkbox"/> Tier II (IT Investment DME greater than or equal to \$1M but less than 10M) <input type="checkbox"/> Tier III ( IT Investment under \$1M)
<b>4.3 This section is for DoD Task Orders Only</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Is this task order Firm Fixed Price? If "Yes," please skip to section 4.4.
<input type="checkbox"/>	<input type="checkbox"/>	Is this task order's duration less than 12 months, including options? If "Yes," please skip to section 4.4.  What is the total anticipated task order value over the period of performance, including planned options? <input type="checkbox"/> \$50M and higher <input type="checkbox"/> Less than \$50M but greater than or equal to \$20M <input type="checkbox"/> Less than \$20M
<b>4.4 This section is for Non-HHS Task Orders Only</b>		
<input type="checkbox"/>	<input type="checkbox"/>	If the procuring agency for this TO is not HHS, please list the agency name below, and indicate by checking yes or no at left whether the task order meets your agency's EVMS requirements. By checking yes, you are certifying that EVMS requirements are met. Agency: _____

## 5. Incumbent

Is there an incumbent? If yes, provide the name of the incumbent.

Yes	No	Name (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	

## 6. Exception to Fair Opportunity to be Considered

Does this order present an exception to fair opportunity to be considered? If yes, indicate FAR Exception and provide rationale. See the IW-2nd Ordering Guidelines, Appendix D, for more information.

Yes	No	FAR Exception and Rationale (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<i>Provide exception and rationale here or in a signed attachment.</i>          AMO or CO Signature: _____



### 7. Use of Brand Name Specifications (items peculiar to one manufacturer)

Answer Section 7.1 if your SOW has requirements for "brand name or equal" items.  
Answer Section 7.2 if your SOW has requirements for specific brand name items.  
If you have both types of requirements, answer both sections.  
If you have neither type of requirements, answer "no" to both sections and continue to Section 8.

#### 7.1 Are items or products identified as "brand name or equal" in the SOW?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/> If "no," Skip the rest of Section 7.1.

If "yes", the SOW must do the following per FAR 52.211-6:

1. Provide product descriptions that reflect the characteristics and level of quality that satisfy the Government's needs.
2. The salient physical, functional, or performance characteristics that "equal" products must meet must be specified in the requirements.

A justification for the "Brand Name" exception noted in 7.2 is not required in this situation. However, a list of the "brand name or equal" items must be provided below.

Item #	"Brand Name or Equal" Item	SOW Page Number Where Characteristics are Described
1		
2		

*(Continue as needed to identify all brand names.)*

#### 7.2 Are brand names or items peculiar to one manufacturer (without "or equal" requirement) included in your Statement of Work? If yes, you must:

1. Check the "yes" box and provide a signed justification below.
2. Enter in the table below a list of all brand names required, including make or model.
3. Answer "yes" to Question 6, above, Exception to Fair Opportunity to be Considered.

Use of brand names is allowed only if the conditions in FAR 11.105(a) are met and you provide a justification for these items signed by your AMO or CO. See the CIO-SP2i Ordering Guidelines, Appendix I, for more information.

<b>Yes</b>	<b>No</b>	<b>7b. Justification (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/> If "no," skip the rest of Sec. 7.2	If "yes" provide justification here or in a signed attachment.  AMO or CO Signature: _____

Item #	Brand Name	Description
1		
2		

*(Continue as needed to identify all brand names.)*



### 8. Bundled Contract Requirement (See FAR 2.101(b))

Is this requirement Bundled? If yes, please provide Justification in accordance with FAR 7.101.

Yes	No	Justification (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Provide justification here or in a signed attachment.  AMO or CO Signature: _____

### 9. Performance-Based Statement of Work

Is the Statement of Work performance-based?

Yes	No	Provide rationale if not performance-based (See FAR 7.105 and 37.602-1, and IW2nd Ordering Guidelines)
<input type="checkbox"/>	<input type="checkbox"/>	

### 10. Technology Functional Area(s):

Mark all that apply:

- ( ) Business                      ( ) Medical Sciences                      ( ) GIS/Scientific/Imaging  
Commercial-Off-The-Shelf

### 11. Anticipated Contract Type

<input checked="" type="checkbox"/>	FFP	Firm Fixed Price
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### 12. Funding Strategy

**FULLY FUNDED, OBLIGATED TOTALLY WITH INITIAL TASK ORDER**

### 13. Proposal Preparation Instructions

Proposals may be prepared in written and/or oral form. Oral proposals (presentations) must be adequately documented. Select one or both.

<input type="checkbox"/>	Oral
<input type="checkbox"/>	Written

Provide specifics of the required format and content; for example:

The offeror's proposal shall be divided into three sections:

- Section 1–Management (15 page limit).  
Must address the offeror's management plan including steps for assurance of meeting schedule and budget goals, as well as risk mitigation. Must include experience citation of



directly related experience and the resume(s) of any key management individuals, as determined by the offeror.

- Section II–Technical (5 page limit)  
Must discuss the offeror's technical approach to satisfying the requirements of the task order. Special emphasis should be placed on unique aspects of the approach and how the application of these unique approaches has been successful on other directly related experience of the offeror.
- Section III - Cost (no page limit)

### 14. Proposal Delivery Instructions:

The proposal due date should afford potential offerors a reasonable opportunity to respond to the requirement, taking into account the circumstances of the individual acquisition and considering all factors, such as the complexity, commerciality, availability, value and urgency of the requirement.

<b>Proposal Due Date:</b> _____ working days after posting announcement	
<b>Other Instructions:</b>	<i>For example, state to whom electronic proposal submissions should be sent. Provide e-mail addresses, as appropriate.</i>

### 15. Attachments

Please list titles of attached documents.

Statement of Work
Independent Government Cost Estimate

### 16. How did you hear about NITAAC?

<input type="checkbox"/>	Contractor Website
<input type="checkbox"/>	NITAAC Marketing Team
<input type="checkbox"/>	IT Publication
<input type="checkbox"/>	Trade Show
<input type="checkbox"/>	NITAAC Staff
<input type="checkbox"/>	Other
	<b>If Other, please specify here:</b>