

**A GUIDE TO
CONDUCTING BUSINESS
WITH THE
NATIONAL INSTITUTES OF HEALTH**



*"NIH in partnership with industry
to succeed"*

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INTRODUCTION

One of the primary objectives and policies of the NIH is to stimulate competition in the acquisition arena to the fullest extent consistent with quality, efficiency, and economy. The NIH's policy also provides that small, disadvantaged, woman, Historically Underutilized Business Zones (HUBZone), veteran and service-disabled veteran-owned concerns receive a fair and equitable share of prime and subcontract dollars awarded by the agency and its major prime contractors. Through its partnerships with industry, the NIH strives for scientific progress in health research and preventive health care.

This publication has been prepared to acquaint individuals and businesses with the mission of the NIH as well as its acquisition and small business programs. Further, it is intended to assist individuals and businesses develop a better understanding of the NIH as a potential client and navigate the acquisition arena to discover business opportunities.



MISSION



Founded in 1887, the NIH today is one of the world's foremost medical research centers and the Federal focal point for medical research in the U.S. The NIH, comprised of 27 separate institutes and centers, is one of the health agencies under the Public Health Service which, in turn, is part of the U.S. Department of Health and Human Services.

Simply described, the goal of the NIH research is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability from the rarest genetic disorder to the common cold. The NIH's mission is to discover new knowledge that will lead to better health for everyone. The NIH works toward that mission by: conducting research in its own laboratories; supporting the research of non-Federal scientists in universities, medical schools, hospitals and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical and health sciences information. For additional information visit <http://www.nih.gov>.

FACTS

The National Institutes of Health

- **is one of the Operating Divisions (OPDIV) in the U.S. Department of Health & Human Services.**
- **is composed of 27 separate institutes and centers.**



- **has more than 75 buildings on a 322 - acre campus in Bethesda, Maryland, has a satellite campus in Research Triangle Park, North Carolina, and laboratories at various locations throughout the U.S.**



- **has approximately 18,000 of its own employees and numerous contractor employees.**



- **has a budget which has grown from about \$300 in 1887 to \$28 billion in 2004.**
- **invests more than 81 percent of the tax dollars entrusted to it through grants and contracts supporting research and training in more than 1,700 research institutions throughout the U.S. and abroad. These grants and contracts comprise the NIH Extramural Research Program.**



- **invests approximately 11 percent of its budget to Intramural Research Programs, more than 2,000 projects conducted mainly in its own laboratories.**
- **allocates 8 percent of the budget for both intramural and extramural research support costs.**

The NIH Director

Dr. Elias Adam Zerhouni

Elias Adam Zerhouni, M.D., was named the new Director of the NIH on May 20, 2002. Dr. Zerhouni is a well-respected leader in the field of radiology and medicine. He brings impressive clinical, scientific and administrative experience to his new role at the \$23 billion Federal agency.

Dr. Zerhouni was most recently executive vice dean of Johns Hopkins University School of Medicine, chair of the Russell H. Morgan department of radiology and radiological science, and Martin Donner professor of radiology and professor of biomedical engineering. Before that, he was vice dean for research at Johns Hopkins. Since 2000, he has been a member of the National Academy of Sciences' Institute of Medicine. He has served on the National Cancer Institute's board of scientific advisors since 1998. In 1988, he was a consultant to the World Health Organization, and in 1985 he was a consultant to the White House under President Ronald Reagan.

During his tenure at Johns Hopkins, Dr. Zerhouni developed a comprehensive strategic plan for research and helped reorganize the school's academic leadership. He also led efforts to restructure the school of medicine's clinical practice association. Working with elected officials, Dr. Zerhouni planned a major biotechnology research park and urban revitalization project near the Johns Hopkins medical campus. He also helped obtain for Johns Hopkins researchers such resources as the University's first microarray core facility, a center on informatics. Recently, he led a successful effort to establish the Institute for Cell engineering at Johns Hopkins, to take advantage of the emerging fields of proteomics and stem cell research.

Before leaving Johns Hopkins, Dr. Zerhouni was a principal investigator on three NIH grants and co-investigator on two others. He has authored or co-authored 157 publications and 11 book chapters. He also holds, singularly and jointly, a total of eight patents. His research accomplishments include developing computed tomography densitometry techniques that can determine whether nodules found on the lung are benign or malignant. He developed a method of high resolution CT for both anatomic and physiologic studies on the lungs. He also pioneered a way of assessing heart function via magnetic resonance imaging (MRI). As Chair of Radiology at Johns Hopkins, he established with community radiologists a company specializing in the delivery of outpatients, high-tech imaging services that subsequently was acquired by the American Radiology Services Corporation. Another company he helped establish, Surgi-Visio, Inc., has licensed novel, image-guided clinical technology from his laboratories. While at Johns Hopkins he also engaged in a collaborative effort with General Electronic to develop innovative high-speed MRI technology.

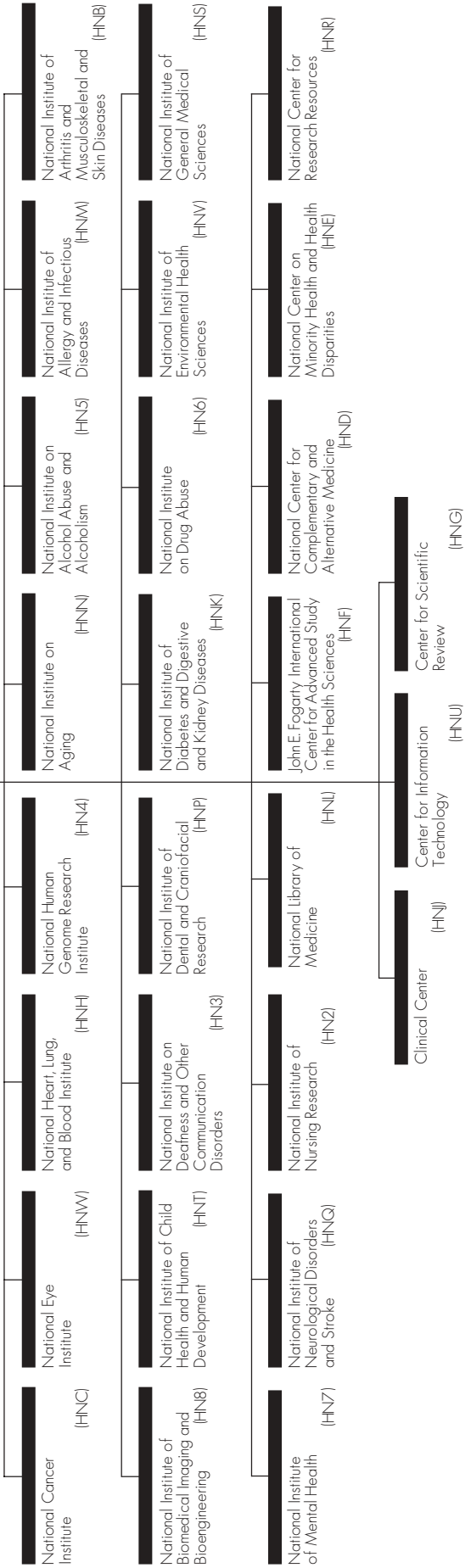
Dr. Zerhouni was born in Nedroma, Algeria, one of eight children. He came to the United States at age 24, having earned his medical degree at the University of Algiers School of Medicine in 1975. He completed his residency in diagnostics radiology at Johns Hopkins in 1978 as chief resident. He was made assistant professor there in 1979 and associate professor in 1985. Between 1981 and 1985 he worked in the department of radiology at Eastern Virginia Medical School and its affiliated DePaul Hospital. Dr. Zerhouni was appointed full professor in 1992 and then became chairman of the radiology department in January 1996. He became a naturalized United States citizen in 1990.

National Institutes of Health

Office of the Director Program Offices:
 Office of Research on Women's Health (HNAG)
 Office of AIDS Research (HNA5)
 Office of Behavioral and Social Sciences Research (HNAH)
 Office of Disease Prevention (HNA2)

Immediate Office of the Director (HNA)

Office of the Director Staff Offices:
 Office of Extramural Research (HNA3)
 Office of Intramural Research (HNA4)
 Office of Management/Chief Financial Officer (HNAM)
 Office of Science Policy (HNA6)
 Office of Communications and Public Liaison (HNA8)
 Office of Equal Opportunity and Diversity Management (HNAD)
 Office of Program Coordination (HNAN)
 Office of Legislative Policy and Analysis (HNAQ)
 Office of Community Liaison (HNAP)
 Executive Office (HNAR)
 Office of the Ombudsman/Ctr. for Cooperative Resolution (HNAS)
 NIH Ethics Office (HNAT)



The Mission of the National Institutes of Health is science in pursuit of knowledge to improve human health. This means pursuing science to expand fundamental knowledge about the nature and behavior of living systems; to apply that knowledge to extend the health of human lives; and to reduce the burdens resulting from disease and disability.

The National Institutes of Health seeks to accomplish its mission by:

- Fostering fundamental discoveries, innovative research, and their applications in order to advance the Nation's capacity to protect and improve health;
- Developing, maintaining, and renewing the human and physical resources that are vital to ensure the Nation's capability to prevent disease, improve health, and enhance quality of life;
- Expanding the knowledge base in biomedical, behavioral, and associated sciences order to enhance America's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

INSTITUTES AND CENTERS

The following summarizes the missions of the twenty-seven (27) NIH Institutes and Centers (ICs):

Office of the Director



The Office of the Director (OD) is the central office at the NIH for its 27 ICs. The OD is responsible for setting policy for NIH and for planning, managing and coordinating the programs and activities of all the NIH components. OD's program offices include the Office of AIDS Research and the Office of Research on Women's Health, among others. For additional information visit <http://www.nih.gov/icd/od>.

National Cancer Institute



The National Cancer Institute (NCI) leads a national effort to reduce the burden of cancer morbidity and mortality. Its goal is to stimulate and support scientific discovery and its application to achieve a future when all cancers are uncommon and easily treated. Through basic and clinical biomedical research and training, NCI conducts and supports programs to understand the causes of cancer; prevent, detect, diagnose, treat and control cancer; and disseminate information to the practitioner, patient, and public. For additional information visit <http://www.nci.nih.gov/>.

National Eye Institute



The National Eye Institute (NEI) conducts and supports research that helps prevent and treat eye diseases and other disorders of vision. This research leads to sight-saving treatments, reduces visual impairment and blindness, and improves the quality of life for people of all ages. NEI supported research has advanced our knowledge of how the eye functions in health and disease. For additional information visit <http://www.nei.nih.gov/>.

National Heart, Lung, and Blood Institute



The National Heart, Lung, and Blood Institute (NHLBI) provides leadership for a national program in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders. Since October 1997, the NHLBI has also had administrative responsibility for the NIH Woman's Health Initiative. The Institute plans, conducts, fosters, and supports an integrated and coordinated program of basic research, clinical investigations and trials, observational studies, and demonstration and education projects. For additional information visit <http://www.nhlbi.nih.gov/index.htm>.

National Human Genome Research Institute



The National Human Genome Research Institute (NHGRI) supports the NIH component of the Human Genome Project, a worldwide research effort designed to analyze the structure of human DNA and determine the location of the estimated 30,000 to 40,000 human genes. The NHGRI Intramural Research Program develops and implements technology for understanding, diagnosing, and treating genetic diseases. For additional information visit <http://www.nhgri.nih.gov/>.

National Institute on Aging

The National Institute on Aging (NIA) leads a national program of research on the biomedical, social and behavioral aspects of the aging process; the prevention of age-related diseases and disabilities; and the promotion of a better quality of life for all older Americans. For additional information visit <http://www.nia.nih.gov/>.

National Institute on Alcohol Abuse and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health and social and economic consequences of this disease. For additional information visit <http://www.niaaa.nih.gov/>.

National Institute of Allergy and Infectious Diseases



The National Institute of Allergy and Infectious Diseases (NIAID) research strives to understand, treat, and ultimately prevent the myriad infectious, immunologic and allergic diseases that threaten millions of human lives. For additional information visit <http://www.niaid.nih.gov/default.htm>.

National Institute of Arthritis and Musculoskeletal and Skin Diseases



The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) supports research into the causes, treatment and prevention of arthritis and musculoskeletal and skin diseases, the training of basic and clinical scientists to carry out this research and the dissemination of information on research progress in these diseases. For additional information visit <http://www.niams.nih.gov/>.

National Institute of Biomedical Imaging and Bioengineering



National Institute of Biomedical Imaging and Bioengineering (NIBIB) improves health by promoting fundamental discoveries, design and development, and translation and assessment of technological capabilities in biomedical imaging and bioengineering, enabled by relevant areas of information science, physics, chemistry, mathematics, materials science, and computer sciences. For additional information visit <http://www.nibib.nih.gov/>.

National Institute of Child Health and Human Development



The National Institute of Child Health and Human Development (NICHD) research on fertility, pregnancy, growth, development and medical rehabilitation strives to ensure that every child is born healthy and wanted and grows up free from disease and disability. For additional information visit <http://www.nichd.nih.gov/>.

National Institute on Deafness and Other Communication Disorders



The National Institutes on Deafness and Other Communication Disorders (NIDCD) conducts and supports biomedical research and research training on normal mechanisms as well as diseases and disorders of hearing, balance, smell, taste, voice, speech and language that affect 46 million Americans. For additional information visit <http://www.nidcd.nih.gov/>.

National Institute of Dental and Craniofacial Research



The National Institute of Dental and Craniofacial Research (NIDCR) provides leadership for a national research program designed to understand, treat and ultimately prevent the infectious and inherited craniofacial-oral-dental diseases and disorders that compromise millions of human lives. For additional information visit <http://www.nidr.nih.gov/>.

National Institute of Diabetes and Digestive and Kidney Diseases



The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports basic and applied research and provides leadership for a national program in diabetes, endocrinology and metabolic diseases; digestive diseases and nutrition; and kidney, urologic and hematologic diseases. Several of these diseases are among the leading causes of disability and death; all seriously affect the quality of life of those who have them. For additional information visit <http://www.niddk.nih.gov/>.

National Institute on Drug Abuse



The National Institute on Drug Abuse (NIDA) leads the nation in bringing the power of science to bear on drug abuse and addiction through support and conduct of research across a broad range of disciplines and rapid and effective dissemination of results of that research to improve drug abuse and addiction prevention, treatment, and policy. For additional information visit <http://www.nida.nih.gov/>.

National Institute of Environmental Health Sciences



The National Institute of Environmental Health Sciences (NIEHS), located in Research Triangle Park, North Carolina, reduces the burden of human illness and dysfunction from environmental causes by, defining how environmental exposures, genetic susceptibility and age interact to affect an individual's health. For additional information visit <http://www.niehs.nih.gov/>.

National Institute of General Medical Sciences



The National Institute of General Medical Sciences (NIGMS) supports basic biomedical research that is not targeted to specific diseases. NIGMS funds studies on genes, proteins, and cells as well as on fundamental processes like communication within and between cells, how our bodies use energy and how we respond to medicines. The results of this research increase our understanding of life and lay the foundation for advances in disease diagnosis, treatment and prevention. For additional information visit <http://www.nigms.nih.gov/>.

National Institute of Mental Health



The National Institute of Mental Health (NIMH) provides national leadership dedicated to understanding, treating and preventing mental illnesses through basic research on the brain and behavior and through clinical, epidemiological and services research. For additional information visit <http://www.nimh.nih.gov/>.

National Institute of Neurological Disorders and Stroke



The National Institute of Neurological Disorders and Stroke (NINDS) supports and conducts research, both basic and clinical, on the normal and diseased nervous system, fosters the training of investigators in the basic and clinical neurosciences and seeks better understanding, diagnosis, treatment and prevention of neurological disorders. For additional information visit <http://www.ninds.nih.gov/>.

National Institute of Nursing Research

The National Institute of Nursing Research (NINR) supports clinical and basic research to establish a scientific basis for the care of individuals across the life span--from the management of patients during illness and recovery to the reduction of risks for disease and disability; the promotion of healthy lifestyles; the promotion of quality of life in those with chronic illness; and the care for individuals at the end of life. This research may also include families within a community context and it also focuses on the special needs of at-risk and under-served populations, with an emphasis on health disparities. For additional information visit <http://www.nih.gov/ninr/>.

National Library of Medicine

The National Library of Medicine (NLM) collects, organizes and makes available biomedical science information to investigators, educators and practitioners and carries out programs designed to strengthen medical library services in the United States. Its electronic databases, including MEDLINE and MEDLINEplus are used extensively throughout the world by both health professionals and the public. For additional information visit <http://www.nlm.nih.gov/>.

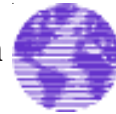
Center for Information Technology

The Center for Information Technology (CIT) incorporates the power of modern computers into the biomedical programs and administrative procedures of the NIH by focusing on three primary activities: conducting computational biosciences research, developing computer systems and providing computer facilities. For additional information visit <http://www.cit.nih.gov/>.

Center for Scientific Review

The Center for Scientific Review (CSR) is the focal point at the NIH for the conduct of initial peer review and the foundation of the NIH grant and award process. The Center carries out peer review of the majority of research and research training applications submitted to the NIH. In addition, the Center serves as the central receipt point for all such Public Health Service (PHS) applications and makes referrals to scientific review groups for scientific and technical merit review of applications and to funding components for potential award. To this end, the Center develops and implements innovative and flexible ways to conduct referral and review for all aspects of science. For additional information visit <http://www.csr.nih.gov/>.

John E. Fogarty International Center for Advanced Study in the Health Sciences



The John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) promotes and supports scientific research and training internationally to reduce disparities in global health. For additional information visit <http://www.nih.gov/fic/>.

National Center for Complementary and Alternative Medicine



The National Center for Complementary and Alternative Medicine (NCCAM) is dedicated to exploring complementary and alternative medical (CAM) practices in the context of rigorous science; training CAM researchers and disseminating authoritative information. For additional information visit <http://www.nccam.nih.gov/>.

National Center on Minority Health and Health Disparities



The National Center on Minority Health and Health Disparities (NCMHD) promotes minority health and leads, coordinates, supports and assesses the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD conducts and supports basic, clinical, social and behavioral research, promotes research infrastructure and training, fosters emerging programs, disseminates information and reaches out to minority and other health disparity communities. For additional information visit <http://www.ncmhd.nih.gov/>.

National Center for Research Resources



The National Center for Research Resources (NCRR) serves as a “catalyst for discovery” by creating and providing critical research technologies and shared resources. This infrastructure underpins biomedical research and enables advances that improve the health of our Nation’s citizens. NCRR’s support is concentrated in four areas: biomedical technology, clinical research, comparative medicine and research infrastructure. For additional information visit <http://www.ncrr.nih.gov/>.

Warren Grant Magnuson Clinical Center



The Warren Grant Magnuson Clinical Center (CC) is the clinical research facility of the National Institutes of Health. As a national resource, it provides the patient care, services and environment needed to initiate and support the highest quality of conduct and training in clinical research. For additional information visit <http://www.cc.nih.gov/>.

Field Units

Gerontology Research Center, the National Institute on Aging Baltimore, Maryland

Located on the grounds of the Francis Scott Key Medical Center, at Johns Hopkins Medical Institution, GRC's laboratories emphasize investigation of the basic biological mechanisms of aging description and interpretation of age changes in the various organ systems of human beings and characterization and explanation of overall changes in performance and behavior which accompany the aging process. Its programs encompass a longitudinal study of some 1,100 healthy men and women, ranging in age from the twenties to the nineties. These volunteers come to Baltimore every 2 years for 2 ½ days of testing to measure individual age changes. For additional information visit <http://www.nia.nih.gov/>.

Rocky Mountain Laboratories, the National Institute of Allergy and Infectious Disease Hamilton, Montana



The Rocky Mountain Laboratory remains a center for the study of medically important tick-borne diseases and diseases transmissible from animals to man. Scientists in these laboratories conduct studies on the natural history and epidemiology of sexually transmitted bacterial diseases, slow virus diseases, rickettsial diseases such as Rocky Mountain spotted fever and Lyme disease. For additional information visit <http://www.niaid.nih.gov/>.

NIH Animal Center, the National Center for Research Resources Poolesville, Maryland



The Veterinary Resources Program operates a specialized laboratory animal center situated on 513 acres of farmland located 8 miles southwest of Poolesville, Maryland, near the Potomac River. For additional information visit <http://www.ncrr.nih.gov/>.

LECTURES, TOURS AND EXHIBITS

Lectures

The NIH Lecture series was established to facilitate interchange of information and to give appropriate recognition for outstanding scientific accomplishment. Since January 1953, the various ICs as well as the Office of the Director have sponsored lectures. The series has been planned to recur each year, with the lectures published and distributed to scientific libraries, universities, medical schools, and other appropriate depositories. Lectures are open to the scientific staff at the NIH and at other medical, teaching, and research institutions. As part of the NIH Lecture series, an annual G. Burroughs Mider Lectureship Award was established in 1968 in honor of the first NIH director of laboratories and clinics, to be presented by a member of the NIH intramural staff in “recognition and appreciation of outstanding contributions to biomedical research.” For the schedule of lectures, visit <http://www.cc.nih.gov/ccc/mfp/series.html> . For details on specific topics and speakers, please call 301.496.2563 or contact, via e-mail, occc@cc.nih.gov .

Tours

Effective June 2003, the NIH Visitor Information Center will move from the Clinical Center to a new location on the first floor of the Natcher Conference Center, Building 45, Room 1AS.13.

The NIH General Tour will be replaced by the NIH Overview to be conducted each Monday, Wednesday and Friday at 11:00 a.m. from the Natcher location. The tour includes a videotape introduction to the NIH, an overview of the NIH organizations and programs. In addition to English, the NIH videotape is available in eight languages: Chinese, French German, Italian, Japanese, Korean, Russian, and Spanish. Walking tours can be arranged by appointment. For more information, call or visit the NIH Visitor Information Center at 301.496.1776.

The **National Library of Medicine (NLM)** tour is on Monday through Friday at 1:30 p.m. The tour starts at the Lister Hill Center for Biomedical Research Visitors Center. The Lister Hill Center is the tall building next to the National Library of Medicine. For more information contact Melanie Modlin (301.496.7771 or mm354i@nih.gov) in the Office of Communications and Public Liason.

The tour of the **Children’s Inn** at the NIH is the second Wednesday of every month from 11:30 a.m. to 1:00 p.m. For more information call the Children’s Inn at 301.496.5672.

The **NIH Clinical Center Library** has a tour every Wednesday at 2:00 p.m. The Library Tour starts at the Information Desk, which is located in the Warren Grant Magnuson Clinical Center, Building 10. For more information call the Library at 301.496.1156.

Exhibits

The **Dewitt Stetten Jr. Museum of Medical Research** at the NIH collects and houses exhibits in the halls of the first floor of the Clinical Center and on the first and sixth floors of Building 31. For additional information call the Museum Office, Building 31, Room 2B09, 301.496.6610.

WHAT THE NIH BUYS!

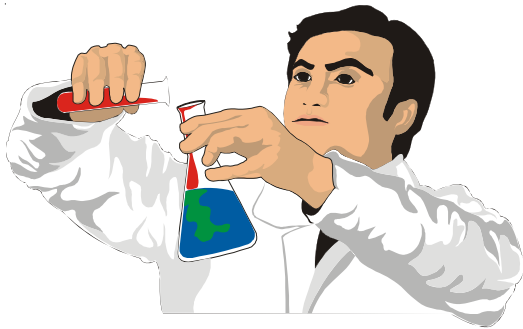
Information Technology (IT) PRODUCTS/SERVICES

Includes database management, data entry services, training, software development, maintenance, systems analysis, keypunch services,



information retrieval services and requirement analysis.

BIOMEDICAL RESEARCH AND DEVELOPMENT SUPPORT



Includes clinical trials, pharmacological studies, clinical centers and environmental research.



CONSTRUCTION SERVICES



Includes activities such as architectural and engineering services; construction of dwellings, office buildings, laboratories and medical facilities; renovation and alteration of facilities; and special trade contractor services.

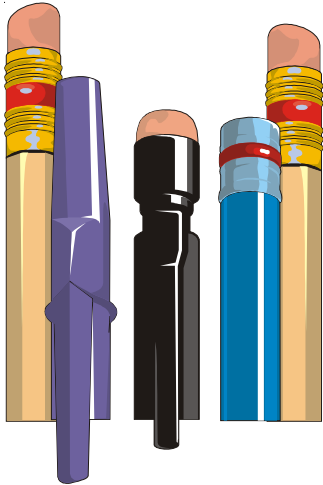
MANAGEMENT CONSULTING SERVICES

(Subject Matter Expertise)

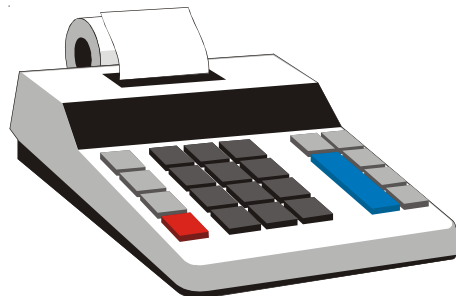
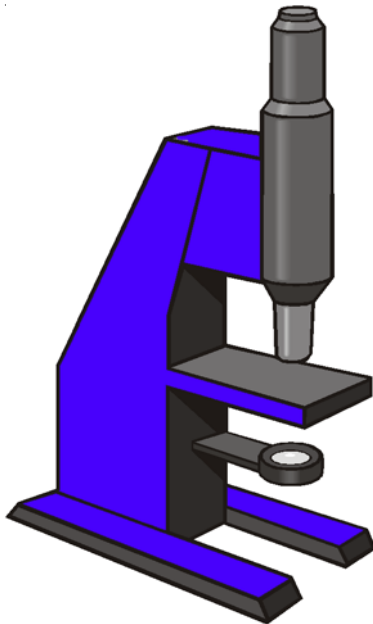
Includes studies, conferences, training, planning program promotions, technical assistance, clearinghouses, survey, data collection and analysis, logistical and management support, evaluations, biomedical research and public awareness programs as well as other professional services.



PRODUCTS



Includes the purchase of equipment, supplies, textile goods, office furniture, chemicals, paper products, machinery, office machines, computer equipment, laboratory equipment, optical instrumentation and communication equipment.



North American Industrial Classification System (NAICS) Titles and Description of Industries

Sector	NAICS Title	View
11	Agriculture, Forestry, Fishing And Hunting	Details
21	Mining	Details
22	Utilities	Details
23	Construction	Details
31	Manufacturing	Details
32	Manufacturing	Details
33	Manufacturing	Details
42	Wholesale Trade	Details
44	Retail Trade	Details
45	Retail Trade	Details
48	Transportation And Warehousing	Details
49	Transportation And Warehousing	Details
51	Information	Details
52	Finance And Insurance	Details
53	Real Estate And Rental And Leasing	Details
54	Professional, Scientific And Technical Services	Details
55	Management Of Companies And Enterprises	Details
56	Administrative And Support, Waste Management And Remediation Services	Details
61	Educational Services	Details
62	Health Care And Social Assistance	Details
71	Arts, Entertainment And Recreation	Details
72	Accommodation And Food Services	Details
81	Other Services (Except Public Administration)	Details

Note 1: For “details” about industry, classifications, related size standards, and access to hyperlinks highlighted in blue, please visit <http://epic.od.nih.gov> and click on the NAICS search engine.



Note 2: Sectors noted above are not necessarily listed consecutively.

SMALL BUSINESS PROGRAM

The Small Business Act of 1958, as amended, and the Small Business Investment Act of 1958 reflect the declared policy of the Congress that small business concerns should receive a fair proportion of the Federal Government's contracts and purchases. It is the policy of the Federal Government to provide maximum practicable opportunities in its prime contracts and subcontracts to small, disadvantaged, woman, Historically Underutilized Business Zones (HUBZone), veteran and service-disabled veteran - owned businesses.

The Department of Health and Human Services (DHHS) and all of its Operating Divisions (OPDIVs) implement this Federal socioeconomic policy through an established Office of Small and Disadvantaged Business Utilization (OSDBU). Each DHHS OPDIV, including the NIH, has small business specialist(s) at the activity intended to aid, counsel and assist small businesses.

The Small Business Program Office (SBO) at the Department of Health and Human Services is headed by the Director, OSDBU and is centrally located in the Office of the Secretary, DHHS.

The following small business-related programs are considered by contracting and small business officials when setting forth acquisition strategies:

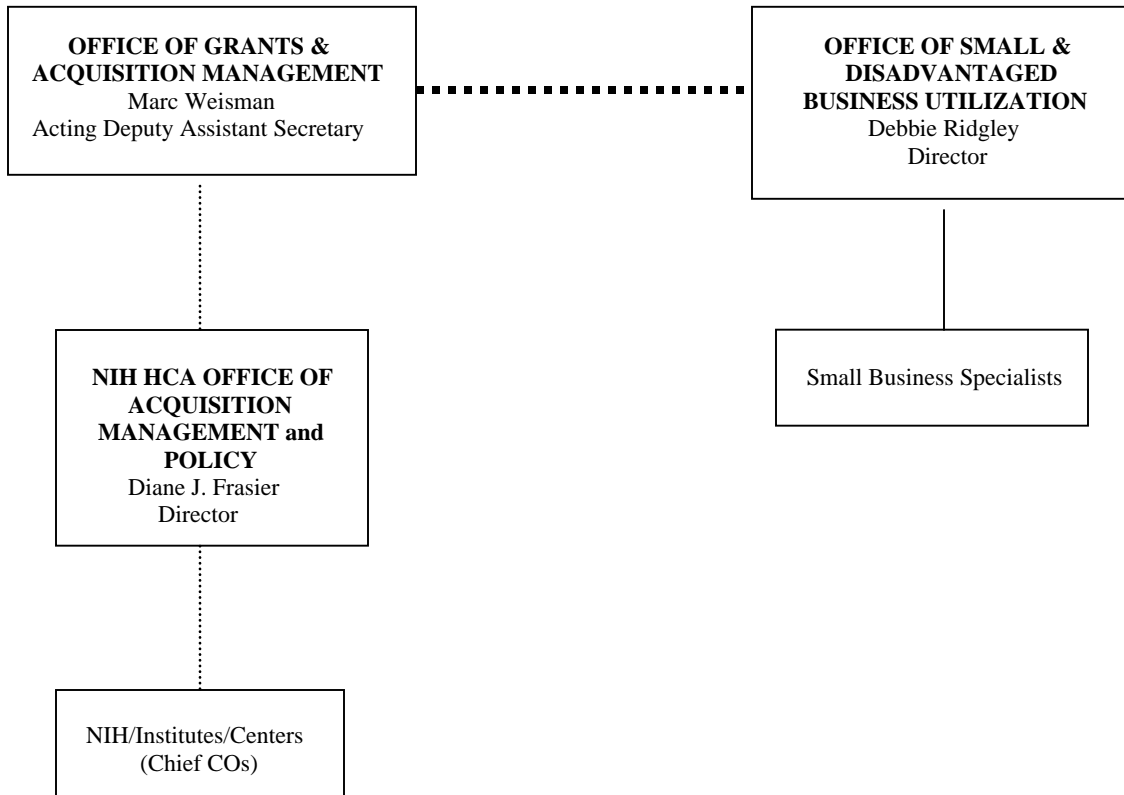
- Section 8(a) of the Small Business Act established a program that authorizes the Small Business Administration (SBA) to enter into all types of contracts with other Federal agencies and award subcontracts for providing the products and/or performing those services to small and disadvantaged businesses which are eligible and certified for 8(a) program participation. Acquisitions (contracts and purchases) are offered to the 8(a) program as a result of recommendations by agency contracting officers, program officials, Small Business Specialists, or as a result of marketing efforts by 8(a) contractors through requests from the SBA, on behalf of firms in its portfolio to the Federal agencies. The NIH executes 8(a) contracting on its own behalf, under a Memorandum of Understanding between the DHHS and the SBA.
- The small business set-aside is a mechanism by which acquisitions (contracts and purchases) are reserved for the exclusive participation of small business concerns. Small business set-asides are initiated by program officials and contracting officers or recommended by Small Business Specialists when there is a reasonable expectation of receiving at least two offers from responsible small business concerns, which are capable of providing the services or products of small business, and setting aside the contract will result in the Government making an award at a fair market price. All acquisitions greater than \$2,500 but not exceeding the \$100,000 threshold are automatically reserved by law for small business.

- The Historically Underutilized Business Zone (HUBZone) is a set-aside program for small firms located in designated geographic areas that have been targeted for economic stimulation. HUBZone 8(a), sole source, or small business set-asides are initiated, as appropriate, for firms that are eligible and certified by the SBA for HUBZone program participation.
- The Very Small Business set-aside program is a pilot program for targeted geographic areas when very small entities can experience set-aside preferences in competition.
- The Small Disadvantaged Business (SDB) program utilizes various procurement mechanisms to afford “bidding” or “evaluation” preferences and/or adjustments for SDB firms, certified by the SBA.
- The Federal woman, veteran, and service-disabled veteran-owned small business programs mandate contract goaling at the prime and subcontract level to support Federal initiatives for these types of businesses.
- Public Law 95-507 requires that every contractor, other than small business, awarded contracts exceeding the simplified acquisition threshold agree to subcontract with small, disadvantaged, woman, HUBZone, veteran and service-disabled veteran-owned businesses to the maximum extent practicable. Each contract with “other than a small business” which exceeds \$500,000, or \$1,000,000 for construction, must have an approved subcontracting plan for the particular contract prior to award. The subcontract goals established for the various small business categories under a subcontracting plan must reflect a “good faith” effort to provide maximum practicable subcontract opportunities.

If the Small Business Administration (SBA) has assigned a Procurement Center Representative to an agency, they become part of, but independently participate in the acquisition review process.

The Federal Acquisition Regulations (FAR) Part 19, Small Business Programs, implements the acquisition related sections of the Small Business Act. FAR Part 19 addresses issues of eligibility for program participation, respective roles of executive agencies and the SBA in implementing the programs, set-asides, the subcontracting assistance programs, the 8(a) program, and use of woman, veteran and service-disabled veteran-owned business. Detailed program information is posted on the SBA's Web site under <http://www.sba.gov>.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH SOCIO-ECONOMIC
PROGRAM FUNCTIONAL ORGANIZATION**



OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION

<http://www.dhhs.gov/osdbu/>

The screenshot shows a Microsoft Internet Explorer browser window displaying the OSDBU website. The browser's address bar shows the URL <http://www.dhhs.gov/osdbu/>. The website header features the United States Department of Health & Human Services logo and a search bar. A navigation menu on the right includes links for [HHS Home](#), [Questions?](#), [Contact HHS](#), and [Site Map](#). The main content area is titled "Office of Small and Disadvantaged Business Utilization" and includes a "Welcome" section. The "OSDBU Menu" on the left lists various links such as [Home](#), [Staff Services](#), [Policies](#), [FAQs](#), [KNOW NET](#), [Doing Business](#), [Calendar of Events](#), [Active Contracts](#), [Contacts](#), and [WOSB Program](#). The "Welcome" text states: "The Office of Small and Disadvantaged Business Utilization (OSDBU) was established in October 1979 pursuant to Public Law 95-507 which assigned it the task of fostering the use of small and disadvantaged businesses as Federal contractors. To accomplish this task, the OSDBU develops and implements appropriate outreach programs aimed at heightening the awareness of small business community to the contracting opportunities available within the Department. Outreach efforts include activities such as sponsoring small business fairs and procurement conferences as well as participating in trade group seminars, conventions, and other forums, which promote the utilization of small and disadvantaged businesses as contractors. The OSDBU established this web page to aid contractors in doing business with the Department of Health and Human Services."

The NIH Office of Small and Disadvantaged Business Utilization Program Function:

As mandated by the Small Business Act (15 U.S.C. 631, et seq.), as amended, and Executive Order 12138, this office is responsible for effectively implementing the small business program within the agency, including achieving program goals aimed at providing maximum practicable acquisition opportunities at the prime and subcontract level for small, disadvantaged, woman, HUBZone, veteran and service-disabled veteran -owned small businesses. Small business program responsibilities include:



- Agency Acquisitions Review
- Agency Small Business Compliance
- 8(a) Contract Program
- Woman-owned Business assistance
- Small Disadvantaged Business Program
- Very Small Business Set-asides
- Small Business Set-asides
- HUBZone Set-asides
- Veteran and Service-disabled Veteran Assistance
- Subcontracting Assistance
- Counseling and Technical assistance
- Bundling
- Competitive Demonstration Program
- Simplified Acquisition Threshold Pilot Program
- Outreach



For additional information visit <http://www.sba.gov>.

THE NIH SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM

Focus of program: To provide funding for domestic small business concerns to engage in Research/Research and Development (R/R&D) that has the potential for commercialization.

Estimated amount of NIH set-aside for fiscal year (FY) 2004: \$563.3 million.

Application/proposal receipt dates

Grant applications: April 1, August 1, and December 1 each year

Contract proposals: Anticipated receipt date- November 12, 2004.

Three phases of SBIR programs:

Phase I: Objective is to determine the scientific and technical merit, feasibility, and potential for commercialization of the proposed project and the quality of the performance of the small business concern, before consideration of further Federal support in Phase II. Generally, not more than one-third of the project in Phase I may be conducted through consultant and contractual arrangements.

Phase II: Objective is to continue the research efforts initiated in Phase I. Funding is based on the results achieved in Phase I and the scientific and technical merit and commercial potential of the Phase II grant application or contact proposal. Generally, not more than one-half of the project in Phase II may be conducted through consultant and contractual arrangements.

Phase III: Objective of this phase, where appropriate, is for the small business concern to pursue, with non SBIR/STTR funds, the commercialization of the results of the research project funded in Phases I and II.

Amount and period of support for SBIR program:

Phase I: Normally, should not exceed \$100,000 for direct costs, indirect costs, and profit for a period normally not to exceed six months.

Phase II: Normally should not exceed \$750,000 for direct costs, indirect costs and fee for a period normally not to exceed two years, that is, generally, a two-year project should not cost more than \$750,000 for that project. A phase I award must have been received in order to apply for a Phase II award.

THE NIH SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) PROGRAM

Focus of program: To facilitate cooperative research and development (R&D) – with potential for commercialization between small business concerns and U.S. non-profit research institutions.

Estimated amount of NIH set-aside for fiscal year (FY) 2004: \$67.6 million.

Grant application receipt dates: April 1, August 1, and December 1 each year

Phase I: Objective is to determine the scientific and technical merit, feasibility, and potential for commercialization of the proposed project and the quality of the performance of the small business concern, before consideration of further Federal support in Phase II. Generally, not more than one-third of the project in Phase I may be conducted through consultant and contractual arrangements.

Phase II: Objective is to continue the research efforts initiated in Phase I. Funding is based on the results achieved in Phase I and the scientific and technical merit and commercial potential of the Phase II grant application or contract proposal. Generally, not more than one-half of the project in Phase II may be conducted through consultant and contractual arrangements.

Phase III: Objective of this phase, where appropriate, is for the small business concern to pursue, with non SBIR/STTR funds, the commercialization of the results of the research project funded in Phases I and II.

Amount and period of support for STTR program:

Phase I: Normally, should not exceed \$100,000 for direct costs, indirect costs, and profit for a period normally not to exceed one year.

Phase II: Normally should not exceed \$750,000 for direct costs, indirect costs and fee for a period normally not to exceed two years, that is, generally, a two-year project should not cost more than \$750,000 for that project. A phase I award must have been received in order to apply for a Phase II award.

Eligibility for SBIR program:

Applicant organization: For-profit, small business concern (sole proprietorship, partnership, corporation, joint venture, etc.) with no more than 500 employees. Economically and socially disadvantaged small business concerns and woman-owned small business concerns are encouraged to participate in the program, but there is no preferential treatment afforded to either group.

Principal Investigator (PI): The one individual designated by the applicant small business concern to be responsible for the scientific and technical direction of the project. PI must have his or her primary employment (over 50 percent) with the small business concern at the time of award and during the conduct of the project.

Eligibility for STTR program:

Applicant organization: Same as SBIR program. The applicant small business concern will be the recipient of the award and will execute a subcontract with the research institution for performance under the STTR award.

Phase III: Objective of this phase, where appropriate, is for the small business concern to pursue, with non-SBIR/STTR funds, the commercialization of the results of the research project funded in Phases I and II.

Amount and period of support for SBIR program:

Phase I: Normally, should not exceed \$100,000 for direct costs, indirect costs, and profit for a period normally not to exceed six months.

Phase II: Normally should not exceed \$750,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year project should not cost more than \$750,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Amount and period of support for STTR program:

Phase I: Normally, should not exceed \$100,000 for direct costs, indirect costs, and profit for a period normally not to exceed one year.

Phase II: Normally, should not exceed \$500,000 for direct costs, indirect costs, and negotiated fixed fees for a period normally not to exceed two years, that is, generally, a two-year project may not cost more than \$500,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Eligibility for SBIR program:

Applicant organization: For-profit, small business concern (sole proprietorship, partnership, corporation, joint venture, etc.) with no more than 500 employees. Economically and socially disadvantaged small business concerns and woman-owned small business concerns are encouraged to participate in the program, but there is no preferential treatment afforded to either group.

Principal Investigator (PI): The one individual designated by the applicant small business concern to be responsible for the scientific and technical direction of the project. PI must have his or her primary employment (over 50 percent) with the small business concern at the time of award and during the conduct of the project.

Eligibility for STTR program:

Applicant organization: Same as SBIR program. The applicant small business concern will be the recipient of the award and will execute a subcontract with the research institution for performance under the STTR award.

Principal investigator (PI): Same as SBIR program, except that the PI may have his or her primary employment with other than the small business concern, including the research institution.

Inquiries for SBIR/STTR programs:

Calendar year SBIR and STTR solicitations, including application forms, are available electronically through the NIH Web site at: <http://grants.nih.gov/grants/funding/sbir.htm>.

General questions about the SBIR/STTR Program may be directed to:

PHS SBIR/STTR Solicitation Office
13687 Baltimore Avenue
Laurel, Maryland 20707-5096
Telephone: 301.206.9385
FAX: 301.206.9722
E-mail: sbirsttr@peacetech.com

or

The NIH SBIR/STTR Program Manager
JoAnne Goodnight
6701 Rockledge Drive, Room 6186-MSC 7910
Bethesda, Maryland 20892-7910
Telephone: 301.435.2770
E-mail: GoodnigJ@od.nih.gov

or

Kay Etzler
6705 Rockledge Drive, Room 3522
Bethesda, Maryland 20892-7963
Telephone: 301.435.2713
E-mail: etzlerk@od.nih.gov

ACQUISITION PROGRAM

The NIH accomplishes its mission by supporting and conducting both basic and applied biomedical and behavioral research extramurally and in its own facilities through both research and development (R&D) and non-R&D contracting. In addition, the agency supports or acquires scientific investigations and developmental efforts performed by other organizations through acquisition (contracts) and assistance (grants and cooperative agreements) relationships.

In support of its research mission, the NIH acquires general supplies and services, construction and information technology resources through non-R&D acquisitions and research-related activities through R&D contracting procedures. The following information is also presented through electronic maps and diagrams at <http://acq-map.oamp.od.nih.gov/>.

Distinctions between Contracts as Acquisition Instruments Grants and Cooperative Agreements as Assistance

There are fundamental distinctions between acquisition and assistance arrangements. A contract is a legal instrument that is used to reflect a relationship between the Federal Government and the recipient whenever the principal purpose of the transaction is to acquire goods or services for the direct benefit or use of the Government. In competitive situations, the Government states the work to be undertaken or the problem to be solved in Request for Proposals (RFPs), or in an Invitation For Bids (IFBs). Respondents compete for a common requirement open to all eligible offerors/bidders. Proposals are evaluated using technical and business evaluation criteria and generally involve negotiations. Sealed bids are awarded to the bidder who is responsible and offers the lowest overall price.

Unsolicited proposals to perform original, unique and innovative concepts are an exception to competitive solicitations initiated by the Government and are described on page 42.

Grants and cooperative agreements are financial assistance mechanisms whereby money and/or direct assistance is provided to carry out approved activities. A grant is used whenever the awarding office anticipates no substantial programmatic involvement with the recipient during performance of the financially assisted activities. A cooperative agreement would be used when substantial Federal programmatic involvement with the recipient is anticipated during performance.

Contract-Awarding Organizations

The NIH comprises a number of separate Institutes and Centers (IC) wherein the acquisition functions are carried out. The NIH product acquisitions range from basic office, medical and information technology supplies and equipment, to sophisticated state-of-the-art biomedical equipment and systems. The NIH service acquisitions range from construction to management consulting, to sophisticated complex biomedical R&D, such as clinical trials. This broad range of acquisition provides the necessary support for the NIH to carry out its mission. The responsibility for negotiating, awarding and administering these acquisitions lies with the various IC contracting staff and one central organization, the Office of Logistics and Acquisition Operations (OLAO), whose primary function is to support non-R&D contracting and logistical operations supporting NIH operations.

All acquisitions at the NIH are under the cognizance of the Head of Contracting Activity (HCA), Director, Office of Acquisition Management and Policy. IC contract support depends on the service capability of the contracting offices, sometimes its competitive value, budgets, size and other factors.

The NIH currently operates under both a dedicated “acquisition services concept” and a “competitive service center (CSC)” concept. Some IC(s) have dedicated acquisition offices which provide their own IC with research and development (R&D) and non R&D acquisition services. Other ICs obtain their acquisition services from established CSC(s), or are supported by both dedicated acquisition and CSC offices. Public Liaison offices are able to direct interested parties to the appropriate contracting offices supporting their IC. Appendix A lists the Public Liaison offices, Appendix D lists the NIH contract offices, and Appendix E lists the CSC(s).

The Role of the Contracting Officer

Each contract is negotiated and administered by an authorized NIH contracting officer or one of his or her designated representatives. An officially appointed contracting officer is the exclusive agent of the Government and is the only person empowered to execute or modify a contract on behalf of the NIH or any of its component ICs.

Contracting officers may act through their authorized representatives, generally referred to as contract specialists, in other matters that do not involve the actual execution of contract instruments. Contracting officers are assigned to the various NIH organizations listed in Appendix D.

The Role of the Project Officer

A Government project officer, experienced in the scientific and technical disciplines addressed in a particular program or project, is generally appointed for each awarded contract. The project officer is responsible for monitoring the technical aspects of the project and assisting the contracting officer in the administration of the contract. The project officer has a primary relationship with the contractor’s program manager. The project officer monitors the contractor’s technical progress and assists in the resolution of technical problems encountered during performance. “Project officer,” “program officer,” “end user” are all synonymous terms to describe the technical role or function of the individual under the contract.

Regulations Governing Contracting

All NIH contracts are governed by the Federal Acquisition Regulation (FAR) and the Health and Human Services Acquisition Regulations (HHSAR). Copies of these regulations may be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9371, or you may visit the following Web site: <http://www.arnet.gov/far>.

The FAR contains regulations and prescribed contracting policies and procedures that must be followed by all agencies of the Government in the solicitation, selection, negotiation, award and administration of their contracts. The HHSAR was developed to implement and supplement the FAR, providing DHHS-wide policies, procedures and guidance that govern the acquisition process.

Contracting Policies

Within the limits of statutes and regulations governing the contracting process in Federal agencies, there is an opportunity for innovation to improve contracting procedures and relations between the contracting parties. Views from the community at large on ways and means of enhancing the quality and effectiveness of our contracting programs and procedures are welcomed and encouraged. Often times, contracting offices conduct market surveys, issue requests for information and sponsor industry conferences for such exchange and, all of which, are published in FedBizOpps at <http://www.fedbizopps.gov/>.

THE CONTRACTING PROCESS

Methods of Contracting

There are two basic methods of contracting utilized throughout the Government, sealed bidding and negotiation. The NIH requirements for R&D employ the negotiated method of contracting, while non-research and development contracts utilize both contracting by negotiation and sealed bidding.

Negotiation is a procedure that includes the receipt of proposals from offerors, permits discussion and usually affords offerors an opportunity to revise their offers before award of a contract. This method provides the contracting parties maximum flexibility to refine the contract work statement and to establish and agree on anticipated costs of performance. It should be noted that awards can be made, without discussions, when following negotiation procedures.

Sealed bidding procedures are used whenever the supplies or services required can be described in precise terms. An award is made without discussions or negotiations to the responsible bidder whose bid, conforming to the IFB, will be most advantageous to the Government, considering only price and price-related factors included in the IFB.

Sealed bidding procedures are more appropriate for the acquisition of construction and standard commercial goods and services. Negotiation is a more suitable method to procure R&D and other services.

Flexibility of NIH Contracts

The terms and conditions of the NIH negotiated contracts are flexible enough to meet changed requirements as work progresses. The contract instrument itself provides the mechanisms for the contracting officer and the contractor to agree to changes in the work statement, expansion or reduction of work requirements within the general scope of the contract, and if the contract is one that is a cost-reimbursement type, adjustment of funding levels during the life of the contractual agreement.

Many of the NIH R&D contract programs are announced to the scientific community by stating the research requirements in rather general terms. By stating the requirement in a broad manner, the Government allows offerors to propose innovative solutions to the technical problems identified by the NIH.

Contract Performance Periods

The length of a contract will vary depending upon the requirement, from days or months for some supply-type non-R&D contracts, to several years for complex research contracts.

For multi-year non-R&D and service contracts, options are used. Here the amount for all potential years of a contract are negotiated prior to award, but only the first year is funded. All succeeding years are included in the contract as options that may be unilaterally exercised by the Government, depending on Government needs.

Competition for Contracts

The NIH solicits contract proposals and bids on a competitive basis to the maximum practicable extent. Depending upon the nature of the requirement, the NIH encourages competition among qualified educational institutions, nonprofit and commercial organizations, which include small, disadvantaged, woman, Historically Underutilized Business Zones (HUBZone), veteran and service disabled veteran - owned businesses.

Requests for Proposals and Bids

The RFPs/IFBs issued by the NIH contracting activities contain all information necessary for offerors or bidders to prepare contract proposals or bids and where required, follow the uniform contract format established by the FAR.

The solicitation provides: (1) the statement of required work; (2) desired performance or delivery schedule; (3) available Government-furnished property, if any; (4) applicable contract clauses to be included in the contract as awarded, and if appropriate; (5) criteria that will be used by the Government to evaluate the proposals that are submitted. An RFP also includes guidance to prospective offerors on how to prepare the technical and cost portions of their proposals.

The RFPs/IFBs always specify the required date for submission of offers or bids, permitting offerors sufficient time to prepare and submit responses. All proposals or bids must be mailed or delivered in a manner to ensure timely receipt by the Government at the exact location and on or before the deadline specified in the RFP/IFB. The NIH is not authorized to consider late proposals or late modifications to proposals, unless the proposal receipt was delayed due to one of the regulatory exemptions stated in FAR 14.304-1 and FAR 15.412, or all of the requisite conditions exist to use the alternate late proposal procedure authorized by HHSAR 352.215-10.

Negotiated Statements of Work presented in the NIH contract solicitations are usually flexible enough to give offerors reasonable discretion to provide their own approaches to the contract objectives, but specific enough to ensure that offerors are competing on a common basis. Because offerors may propose various approaches in connection with a negotiated Statement of Work, a uniform standard is used to evaluate the differing approaches to the requirement. This standard is embodied in the evaluation criteria described in the RFP.

A RFP/IFB is provided to all sources that request it or are known to be interested in performing a proposed requirement.

Publicizing Contract Requirements

The **FedBizOpps** Web site <http://www.fedbizopps.gov/> is the principal portal through which prospective sources learn of planned NIH contract projects. Generally, all NIH solicitations are announced in the FedBizOpps. It is the NIH policy to seek competition in its contract programs, for requirements exceeding \$25 thousand, to the greatest extent possible. It also is the NIH policy to support small business programs, by initiating small business set-asides, 8(a) contract offerings, HUBZone set-asides and through other efforts to maximize opportunities for women and veterans. Noncompetitive contracts are awarded on an exception basis only. Announcing competitive solicitations in the FedBizOpps provides a wide distribution of the NIH requirements to interested parties and potential contractors who may submit proposals in response to announcements of the RFP availability.

In addition to announcing proposed contract projects in the FedBizOpps, the NIH also uses the NIH Guide for Grants and Contracts (Guide) for its R&D requirements. It contains policy guidance and administrative information concerning the NIH programs as well as the RFP announcements. To access the guide visit <http://grants.nih.gov/grants/guide/index.html>.

As a third method of announcing and making RFPs available to the public, the NIH has established a Home Page on the Internet. This may be accessed at <http://ocm.od.nih.gov/contracts/rfps/mainpage.htm>. The Guide, as well as the links to RFPs issued by a number of NIH ICs, may be accessed at the NIH Home Page address. All of the RFPs announced electronically may be downloaded directly to your personal computer.

Evaluation and Negotiation of Proposals

Proposals received in response to the RFP are evaluated by the NIH from a technical point of view, which includes the offeror's past performance on similar projects and from the standpoint of cost. The relative importance of the technical aspects of the proposal versus the cost or price, as well as how past performance is to be treated, will be specified in the RFP.

a. Technical Evaluation of Proposals and Establishing a Competitive Range

Sources responding to solicitations can be assured that their proposals will be evaluated professionally and objectively by persons who have expertise in that particular field. For R&D and R&D support requirements, the technical evaluation is conducted by one or more panels in the scientific or technical disciplines associated with the contract requirements. At least three-fourths of the members of the review group must be non-Federal Government employees. For non-R&D requirements, persons within the Federal Government, who have expertise in that particular field, serve on a committee to evaluate proposals. The technical evaluation is conducted solely on the basis of the evaluation criteria announced in the RFP, which may include past performance and any other relevant factors for source selection. All proposals submitted for technical review are designated as either acceptable or unacceptable.

After the technical evaluation, the contracting officer will establish a competitive range. The competitive range identifies those offerors with whom NIH will conduct negotiations, and is composed of those acceptable proposals, which have a reasonable chance of being selected for award.

b. Negotiations

Once a competitive range has been established, negotiations are undertaken by the NIH Contracting Officer with the offerors determined to be in that “range.” These negotiations, either written or oral, will reveal to each offeror the ambiguities, uncertainties, or any questions raised by the evaluation of their proposal. Questions affecting technical/scientific considerations, cost elements and administrative matters may be discussed. Offerors are then given an opportunity to improve or revise their proposal in a Final Proposal Review (FPR) to be submitted by a specified date. This FPR is the basis for the final contract award to the offeror deemed most advantageous to the Government. In special situations and if so specified in the RFP, the Government may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the offeror’s best terms from a cost or price and technical standpoint.

c. Cost and Price Analysis of Proposals

Proposals, which are technically acceptable are also evaluated from a business standpoint. Cost analysis is the review of the individual cost elements and proposed profit or fee, if any, by an evaluation of the offeror’s cost or pricing data and of the judgmental factors applied by the offeror to the estimated costs. This is accomplished through verification and evaluation of each element of cost proposed by the offeror based upon the audit and technical analysis performed by the various Government specialists.

Price analysis is the process of examining and evaluating a proposed price without evaluating its separate cost elements and proposed profit. Price analysis entails:

(1) comparison of proposed prices received in response to the solicitation; (2) comparison of prior proposed prices and contract prices with current proposed prices for the same or similar items; (3) application of rough yardsticks to highlight significant inconsistencies that warrant additional pricing inquiry; (4) comparison with competitive published price lists; (5) published market prices of commodities; (6) similar indexes and discount or rebate arrangements; and (7) comparison of proposed prices with the independent Government cost estimate, and comparison of proposed prices with prices for the same or similar items obtained through market research. Price analysis is always utilized when employing negotiated fixed-price contracts, most of which are non-R&D types.

d. Award Announcements / Notifications to Unsuccessful Offerors

Notices of contract award are published in the FedBizOpps. Upon written request, unsuccessful offerors are debriefed and furnished the basis for the selection decision and contract award. Debriefing information includes the Government's evaluation of the significant weaknesses or deficiencies in the offeror's proposal; the overall evaluated cost or price and technical rating of the successful offeror and the debriefed offeror; the overall ranking of all offerors; a summary of the rationale for award; for acquisitions of commercial end items, the make and model of the item to be delivered by the successful offer; and reasonable responses to relevant questions regarding the agency's compliance with source selection procedures contained in the solicitation and compliance with acquisition rules and regulations.

The contracting officer will notify, in writing, each unsuccessful offeror at the earliest practicable time that their proposal is no longer eligible for award. Debriefings are available to contractors twice during the solicitation phase: competitive range determination and at time of award. Contractors may elect one of the two offered debriefings, both offering different advantages. Contractors, including awardees, should seek the information exchanged during debriefings to learn about the proposal's strengths and weaknesses.

Sealed-Bid Procedures

To utilize the sealed bidding process the following conditions must be present: (1) if time permits, the solicitation, submission and evaluation of sealed bids; (2) the award will be made on the basis of price and other price-related factors; (3) it is not necessary to conduct discussions with the responding offerors about their bids; and (4) there is a reasonable expectation of receiving more than one sealed bid.

After the contracting officer determines that these conditions exist, the next step is the preparation of "IFBs." It must describe the requirements of the Government clearly, accurately and completely. The invitation includes all documents (whether attached or incorporated by reference) furnished to prospective bidders for the purpose of bidding.

The next step is publicizing the IFBs. Invitations are usually publicized in the FedBizOpps, through distribution to prospective bidders and posting in public places. Publicizing occurs in sufficient time before public opening of bids to enable prospective bidders to prepare and submit bids.

Submitted bids are kept unopened in a locked bid box or other secure container until the time of public opening. Bidders must submit sealed bids to be received at the exact time and place stated in the solicitation. A late bid is not considered for award, unless one of the exemptions stated in FAR 14.304-1 applies.

The Bid Opening Officer publicly opens the bids, reads the bids aloud to those present and has the bids recorded. Original bids are kept by the Government official but can be viewed by the public under Government supervision.

The contracting officer evaluates the bids for responsiveness, responsibility and reasonableness of price.

Responsiveness is achieved when the bid is submitted in a timely manner and prepared in accordance with the instructions outlined in the IFBs.

A bidder is determined responsible when he or she: (1) has adequate financial resources to perform the requirement or the ability to obtain them; (2) is able to comply with the required delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments; (3) has a satisfactory performance record; (4) has a satisfactory record of integrity and business ethics; (5) has the necessary organization, experience accounting and operation controls, and technical skills, or the ability to obtain them; (6) has the necessary production, construction, and technical equipment and facilities or the ability to obtain them; and (7) is otherwise qualified and eligible to receive an award under applicable laws and regulations.

After the contracting officer determines whose bid will be most advantageous to the Government, considering price and price-related factors, the contract award is made by written notice.

Unsolicited Proposals

In addition to contract projects, which are planned and developed by the NIH, unsolicited proposals can also be the basis for establishment of requirements to be obtained by the contract. An unsolicited proposal is a voluntary written offer by a source outside the Government of new ideas and concepts that the NIH may find meritorious and useful in furtherance of its mission. A valid unsolicited proposal must be innovative and unique; independently originated and developed by the offeror; prepared without Government involvement; and include sufficient detail to permit a determination that Government funding could be worthwhile and the proposed work could benefit NIH's mission. Based on these criteria, an evaluation of the proposal will then be performed by three or more experts, the majority of whom are not required to make recommendations concerning the contract action as part of their official duties.

An unsolicited proposal may be the basis for a Government competitive solicitation, i.e., RFP, if the RFP in no way reveals the original ideas or approaches of the originator. For example, an unsolicited proposal may represent one possible approach to a common problem; if there are other possible approaches to the problem, it may be in the Government's best interest to issue a competitive solicitation asking for technical approaches that offer the best solution to the problem. The competitive RFP would not specify or reveal the techniques described by the originator of any unsolicited proposal. When competition is deemed appropriate, notwithstanding the submission of an unsolicited proposal, the originator will be invited to participate under the formal competitive RFP.

Unsolicited proposals should be forwarded to the Chief of the appropriate NIH Contracting Office, Appendix D, in accordance with FAR Part 15.6, for processing.

SAMPLE ACQUISITION MILESTONE SCHEDULE

MILESTONES

PROSOLICITATION ACTIVITIES
1. Research Initiative/Concept Review
2. Initial PO/CO/SRA contact
3. First Draft of RFC; discussion of required approvals / clearances
4. RFC approval
5. Presolicitation Review
6. Small Business Review
SOLICITATION ACTIVITIES
7. FedBizOpps synopsis publish date
8. RFP Issued
9. RFP Closing Date
10. Peer Review Meeting
11. Competitive Range Determination
12. Cost Analysis Requested
13. Draft Peer Review minutes
14. Negotiation Questions Developed by PO/CO
15. Negotiations Opened
16. Cost Analysis Report Received
17. RFP Received
AWARD
18. Source Selection Meeting (if needed)
19. Touch-up Negotiations
20. IC Approval of Intended Award
21. Prepare Contract
22. Preaward Reviews
23. Contract Mailed to Contractor
24. Contract Execution
25. Award Notifications (Unsuccessful, Congressional, etc.)

OFFICE OF LOGISTICS AND ACQUISITION OPERATIONS DIVISION OF LOGISTICS SERVICES

The division of Logistics Services (DLS) in serving the roll of the NIH Central Stockroom Program (CSR), provides the NIH community with a variety of stock items. The CSR services not only NIH but any Federal Government Agency having entered into an interagency agreement with the NIH. Stock items available through the CSR include but are not limited to laboratory, chemical, enzymes and animal feed & bedding items. DLS works closely with supplies, negotiating discounted prices which are passed on to the CSR customer. With approximately 4,000 various stock items available through the CSR, sales averaged approximately \$33 million in FY2003.

The DLS procures comprehensive inventory items for distribution throughout the NIH and beyond. In keeping with the NIH vision and mission, the DLS is vigilant in keeping with needs of the NIH research community, meeting and striving to exceed those needs with high quality products. DLS, CSR also takes pride in being given the opportunity by our suppliers to be the first, or among the first, to debut new and innovative products, keeping with the very nature of NIH.

Vendors interested in getting more information about a supplier through the DLS, CSR may contact the DLS Stock Management Branch. Vendors new to doing business with the CSR will be provided with information on the steps and requirements needed to become a CSR supplier. We would also like to invite you to look through the DLS Web site which includes the NIH Stockroom catalog (in PDF) to get an idea of the type of products and the competitively driven prices. The Web site address is: <http://www.olao.od.nih.gov/supply/index.html> For additional information please contact Ms. Aleta Allmond, Chief, Stock Management Branch via email at allmonda@od.nih.gov, who will assign a Logistics Management Specialist (LMS) to work with you. The LMS will work closely with you, explaining the process and assisting in identifying items which have potential to be stocked. The actual feasibility of stocking an item submitted by a vendor for consideration for inclusion in the CSR program will be determined after going through an approval process. Note: In your email to Ms. Allmond, please put NEW VENDOR on the subject line.

SIMPLIFIED ACQUISITIONS



FEDERAL ACQUISITION STREAMLINING

Making Federal Dollars Work Smarter

In the last few years, there have been dramatic changes to the way the Federal Government obtains its supplies and services. Prior to these changes, the Government acquisition process was long and drawn-out, even for items of a relatively low-dollar value. Extensive regulations made most purchasing a cumbersome, complicated process.

This situation changed with the Federal Acquisition Streamlining Act (FASA) of 1994 (PL 103-355) and the Federal Acquisition Reform Act (FARA) of 1996 (PL 104-106). Specific objectives were announced to expedite the acquisition process, saving time and money, and to allow the Government to do business more like private industry.

FASA/FARA created an area of purchasing known as Simplified Acquisition (formerly Small Purchasing). Simplified acquisitions are procurements of relatively small-dollar requirements that have specific award procedures differing from contracts. While the Small Purchasing threshold was \$25,000, the Simplified Acquisition threshold is now \$100,000. In addition, the Federal Government can now use these simplified procedures to procure commercial items up to \$5,000,000.

Simplified Acquisition Categories

Micro Purchases: Regulations now provide for a streamlined, less restrictive procedure for acquiring goods and services not exceeding \$2,500. (The threshold for construction is \$2,000.) This is the Micro Purchase category, and is the easiest category to process. Micro Purchases, unlike other simplified acquisitions, are exempt from the Buy American Act and are not set-aside for small businesses. Also, in most cases these orders do not have to be competed; rather, the price simply must be determined to be fair and reasonable. Purchasing agents are, however, expected to rotate sources to ensure that interested vendors have an opportunity to sell to the Government. Legislation now encourages the oral ordering of Micro Purchases. This is often accomplished through the NIH Blanket Purchase Agreements (BPAs), utilizing either Government purchase cards or records-of-call. Micro Purchases are used by both acquisition and non-acquisition personnel.

Simplified Acquisitions: This category includes purchases above \$2,500 and up to \$100,000. The mechanism uses more streamlined procedures than are utilized for contracts. These acquisitions are reserved for small businesses and purchasing agents are usually required to solicit a reasonable number of sources to promote competition. While price may be the only consideration for award, other factors may be included if appropriate. Purchases in this category are typically made only by acquisition personnel. Legislation also allows for the oral ordering of purchases up to \$25,000. As with Micro Purchases, this is often accomplished through the NIH BPAs, utilizing either Government purchase cards or records-of-call.

Commercial Items: As mentioned, this is a relatively new category that allows procurement of supplies and services up to \$5,000,000 without using the traditional contract procedures. FARA has defined commercial items as those supplies and services that are sold in substantial quantities to the public, and includes items that are not currently on the market, but will be in the near future. This category also includes installation and maintenance services on these items, and leases and licenses associated with these items. FASA has established a preference for commercial items. The Government is now required to do market research to determine what is already available in lieu of expending significant Research & Development funds to create comparable items.

Simplified acquisitions are awarded more quickly than high-dollar procurements. For example, requirements between \$25,000 and \$100,000 may only need to be advertised in the FedBizOpps for 15 days instead of the 30-45 days necessary for contractual requirements. What might have taken six months or more to award using complex contract procedures can now be processed in two months or less. Requirements below \$25,000 which are eligible for oral ordering may be processed in as little as one day.

Acquisition streamlining and reform have far-reaching implications. For example, the concept of competition and competitive range has been loosened to allow the contracting officer more discretion in determining what is appropriate for the specific procurement. There is added emphasis on past contractor performance to ensure that a responsible, experienced vendor is selected. The “lowest bidder” is not necessarily the one who gets the award. Government-Wide Agency Contracts (GWACs) and other Multiple Award Agency contracts (MACs) have also become big business as Government agencies compete with one another to provide supplies and services throughout the Federal arena. BPAs are being used more extensively in many agencies, particularly for items that are frequently bought.

The NIH Purchasing Environment

Again, acquisition at the NIH is based on the Federal Acquisition Regulation (FAR), the Health and Human Services Acquisition Regulation (HHSAR), and NIH policies and procedures. NIH supports the simplified acquisition needs of its research programs through a multifaceted Administrative DataBase (ADB) system. The areas that support this system are the Office of Logistics and Acquisition Operations (OLA) (formerly the Office of Procurement Management), and the various NIH Institutes’ decentralized purchasing offices. Simplified acquisitions at NIH account for approximately 400,000 orders a year with obligations over a billion dollars.

The NIH has established three goals for its simplified acquisition system:

1. Responsiveness
2. Cost-economy, and
3. Regulatory compliance

The simplified purchasing procedures and mechanisms that NIH utilizes are administered with these goals in mind. For example, beginning around 1981, the ADB itself was developed to help make simplified acquisition practical. This cost-economy is achieved primarily through the use of BPAs. And in the last few years, BPAs have been expanded to cover the use of the Government purchase cards. Acquisition staff in both OLAO and the decentralized purchasing offices make use of the ADB and the BPA vendors to make awards. The decentralized offices typically have authority to place certain oral orders within established dollar thresholds. Thus, instead of the traditional Purchase Order being issued by a central purchasing office, an oral order could be placed by an Institute purchasing agent using a BPA record-of-call or purchase card.

In addition, there are seven separate supply inventories at NIH which use the ADB. They are:

1.	Central Store Room	301.480.8875
2.	Material Management Division	301.496.0410
3.	Clinical Center Pharmacy	301.496.4363
4.	Division of Engineering Services	301.496.4941
5.	Scientific Engineering & Instrumentation Branch	301.496.9748
6.	Biomedical Engineering & Instrumentation Program	301.496.4169
7.	Glassware Services	301.496.4595

Blanket Purchase Agreements

A Blanket Purchase Agreement (BPA) is not a purchase order. It is an agreement between the Government and a vendor to provide supplies and/or services to the Government, usually at negotiated prices and discounts. It is the Government equivalent of a charge account with the vendor since it establishes no contractual obligation on either party to buy or sell until an order is placed.

A BPA simplifies paperwork and ordering procedures for both the Government and the vendor. These agreements are intended for use with a vendor from whom frequent, repetitive purchases are made, where the actual quantities or delivery schedules are not known in advance of placing an order. Orders are placed through either an NIH purchase card or a record-of-call mechanism, and may not exceed the maximum dollar limitations of the BPA. Orders are restricted to the commodities available under the BPA. While most BPAs are available NIH-wide, a few may be restricted to one or more individual institutes.

At NIH, BPAs are awarded through the Division of Acquisition Programs, OLAO. The list of BPA vendors can be accessed electronically through OLAO's website at: <http://www.nih.gov/od/olao/oa>. The vendors are listed both alphabetically and by the general commodities that they sell. In April 2000, individual order limits against BPAs were raised to \$25,000 for open market procurements and up to \$1,000,000 for Federal Supply Schedule orders. This means that orders up to these limits can be placed directly with the vendor by NIH authorized ordering officials without having to go through a procurement office.

The Division of Acquisition Programs currently administers approximately 800 BPAs, covering a wide variety of supplies and services. New BPAs are considered, and the Division receives a large number of requests from vendors who are interested in establishing a BPA with NIH. Because of the costs associated with establishing and administering the BPA program, several factors are considered before a new BPA may be issued. Briefly, those factors are:

- The vendor must provide supplies and/or services that are of interest to and beneficial to the NIH community.
- The vendor must demonstrate an NIH demand for its products/services, either through orders placed by NIH within the past 12-month period, or through letters from NIH staff expressing interest in that vendor.
- The vendor's discounted prices must indicate that purchasing under a BPA would be advantageous to NIH.
- Vendors must comply with any NIH special requirements when applicable, e.g., Animal Welfare Assurance Certification, Department of Labor wage determinations.
- In most cases vendors must agree to pay all freight charges and deliver to the specific building and room identified at the time the order is placed, as most BPAs are issued as FOB Destination.
- No mandatory source (such as a requirements type contract) exists for the same goods and services.

The letter that ends this section is one that is typically sent to vendors interested in a BPA. This letter goes into more detail about the evaluation process for potential BPA holders.

OLAO recognizes that at NIH, BPAs are big business! They are quick and efficient for both NIH and the vendors. NIH also wants the BPAs to be the Best Price Available! In most cases, the vendor will be asked to provide a competitive across-the-board discount rate. These discount rates are usually percentages off the list price. For example, if the list price is \$100 and the discount rate is 30 percent, the NIH price would be \$70. Be aware that whatever discount rate is negotiated, it is to be applied to whatever simplified acquisition mechanism is used, such as records of call, purchase cards or purchase orders. A discount validation program is in effect to ensure that NIH is realizing the discount rate negotiated.

BPA's are typically awarded for one year, and are formally reviewed at the end of that one-year period. It is usually OLAO's hope to keep a particular BPA going from one year to the next; indeed, many current BPA's have been in place for more than 10 years. However, each account is reviewed at least once a year, including a price and discount analysis. A vendor's BPA may be terminated under any of the following circumstances:

- When there is little or no usage of the BPA.
- Upon written request of the vendor.
- When the vendor fails to abide by the terms and conditions of the BPA.
- When the vendor fails to provide the prices and discounts agreed upon.
- Upon NIH's determination that the goods or services provided are not appropriate for a BPA.
- When the vendor repeatedly provides poor service or goods of inferior quality.
- If the vendor files fraudulent claims.
- If the vendor demonstrates improper business practices or personal conflicts of interest.
- Upon establishment of a mandatory source for the same goods or services.
- Other circumstances that in the view of NIH warrant termination after appropriate investigation and review.

Again, having a BPA is not a guarantee that a vendor will do any business. Rather it is a golden opportunity to secure orders in the Simplified Acquisition arena, by having a vehicle for quick and easy purchasing. BPA vendors still must get out among their NIH customers and make it happen. In real estate it may be location, location, location, but with procurement at NIH it is MARKET, MARKET, MARKET! Identifying and understanding your clients and marketing your firm and your products or services are vital factors when doing business in this highly competitive environment. In most cases the NIH purchasing staff has a number of sources to choose from when buying an item. A vendor must make NIH aware of its existence and the items it has to offer. Successful marketing is also reflected in the firm's prices, its ability to make quick delivery and the quality of its goods and services. Vendor sales representatives are allowed to market directly in many areas of NIH. In fact, for many firms a sales presence has proven to be essential for success at NIH.

Requests for general information concerning the BPA Program may be addressed to the BPA staff members at 301.496.5212.

GOVERNMENT PURCHASE CARD

The Government purchase card program was instituted by the General Services Administration to help reduce the burden in procuring items under the Simplified Acquisition threshold. NIH has embraced this program and has worked diligently for its growth and improvement. As more and more business is done with the purchase card, it is certainly recommended that vendors enter into agreements with their banks so that they can accept these cards. This program is a Simplified Acquisition method, and as such, is subject to the regulations established in the FAR, HHSAR, and NIH implementation instructions.

It is the policy of NIH to use oral ordering procedures, such as purchase cards, for purchases up to \$2,500 where authorized and feasible. NIH encourages both acquisition and non-acquisition personnel to take the necessary training and request purchase card authority. Currently over 1900 people at NIH hold a Government purchase card, with more being trained and approved each month. This group of cardholders represent a wide range of occupations and grade levels. These people are also formally reviewed on a regular basis to ensure that appropriate procurement regulations are being followed.

Each purchase card is subject to both a single purchase limit and a monthly purchase limit. The single purchase limit for non-acquisition personnel is typically \$2,500, while it may be higher for the professional procurement staff. Neither cardholders nor merchants are allowed to exceed the single purchase limit or to split a requirement in order to accommodate the card limit. The monthly purchase limit is usually a function of the cardholder's acquisition status and of the budget for his/her office or laboratory. These limits are occasionally changed if determined to be appropriate by the OLAO Purchase Card Program.

The Federal Acquisition Regulation (FAR 29.302) states that purchases made by the Federal Government are exempt from state and local taxation (including the District of Columbia). Cardholders are to advise the merchant that the purchase is tax exempt. If the merchant requires proof of NIH's tax-exempt status, the cardholder will visit the GSA Web site and provide the appropriate letters based on the merchant state.

Request for payment for purchase card orders should be processed through the vendor's bank. These requests as well as duplicate invoices should NOT be sent to the Commercial Accounts Section of NIH.

Requests for information on the Purchase Card Program cardholders should be made under the Freedom of Information Act (FOIA) at <http://www.nih.gov/od/foia/index.htm#electronic>, to the address listed in Appendix E.

Request for general information concerning the Purchase Card Program may be addressed to Purchase Card Helpline at 301.435.6606 or Purchase Card email creditcard@od.nih.gov or NIH Global Listing (Help, Creditcard).

OFFICE OF LOGISTICS AND AQUISITION OPERATIONS(OLAO) WEB SITE

The screenshot shows the main website for the Office of Logistics and Acquisition Operations (OLAO). The browser address bar displays <http://www.nih.gov/od/olao/oa/index.html>. The page features the OLAO logo on the left, a navigation menu with links to Contracts, Training, Simplified Acquisitions, Acquisition Guides, DELPRO, Acquisition Sources, Purchase Cards, Trade-In Program, Newsletter, and Quality Assurance Program. A 'Monthly Spotlight' section highlights a 'NIH Award for Outstanding Service in Purchasing Nominations due C.O.B. 4/15/2002'. A large banner on the right contains the text 'Office of Logistics & Acquisition Operations' over an image of a person working at a computer. Below the banner are search and navigation links for NIH and Office of Administration. At the bottom, there are links for 'Contact' and 'Accessibility'.

OLAO SIMPLIFIED AQUISITIONS WEB PAGE

The screenshot shows the 'Simplified Acquisitions' sub-page of the OLAO website. The browser address bar displays http://www.nih.gov/od/olao/oa/simp_aq/index.html. The page features the OLAO logo and a navigation menu with links to Contracts, Simplified Acquisitions (highlighted), DELPRO, Purchase Cards, Newsletter, Training, Acquisition Guides, Acquisition Sources, Trade-In Program, and Quality Assurance Program. The main content area includes links for 'Priority Sources', 'Purchase Cards', 'BPA Vendor List and User Guide', 'Acquisition Guides', and 'NIH Award for Outstanding Service in Purchasing'. At the bottom, there are 'Back' and 'Home' buttons.

SAMPLE BPA VENDOR LETTER

Dear Mr./Ms.:

Thank you for your interest in establishing a Blanket Purchase Agreement (BPA) with the National Institutes of Health (NIH). BPAs are the Government's equivalent to a charge account which is established to meet the needs of NIH. BPAs are established at the discretion of NIH to allow the placement of recurring low dollar, low volume requirements by telephone, thereby reducing the need for written purchase orders.

While we are always receptive to new business proposals and encourage companies to expand their business opportunities in the NIH marketplace, the administrative costs of establishing and maintaining a BPA makes it essential that we carefully consider several factors before awarding new BPAs. Following are some of the most prominent factors considered.

- 1) The proposed BPA must include a variety of items in a broad class of supplies/services that are generally purchased but where the exact items, quantities and delivery requirements are not known in advance. The proposed supplies/services must also be included on the NIH list of items approved for BPA purchases;
- 2) There must be a need to establish additional commercial sources of supply for the supplies/services for more than one office/laboratory with delegated procurement authority;
- 3) Analysis of previous purchases must demonstrate that issuance of a BPA will result in reduced administrative costs by eliminating the need to write numerous purchase orders in support of more than one office/laboratory. To qualify for a BPA, a minimum of 10 orders each of which is at or below \$25,000 (except for Federal supply schedule orders which may be up to the maximum order limit) with a cumulative total of at least \$15,000 must have been placed with the vendor during the most recent 12 month period;
- 4) The vendor's discounted (net) prices must indicate that purchasing under a BPA (including purchase card orders) would be advantageous to the NIH;
- 5) Small businesses (as defined by the Federal Acquisition Streamlining Act) receive preference over other businesses when decisions are made with regard to awarding BPAs; and
- 6) In addition to the usual Federal procurement regulatory requirements, potential BPA vendors are sometimes required to comply with requirements that are unique to the NIH. For example, an Animal Welfare Assurance Certificate is always required before a BPA can be used for animal services.

Occasionally, NIH may solicit price quotations on a competitive basis by issuing a competitive BPA solicitation. This alternative method of establishing BPAs requires vendors, including current BPA vendors, to provide NIH with across-the-board commodity prices and discounts for a stated period of time. BPA solicitations are advertised in the FedBizOpps and BPAs are awarded based on the overall net delivered price as determined by a product(s) evaluation. Fewer BPAs are normally awarded through this process than may currently be in existence for the commodity.

SAMPLE BPA VENDOR LETTER CONTD.

In most cases, open market BPAs are issued as "F.O.B. Destination." At NIH, this designation on its BPA is equivalent to the terms "F.O.B. Destination, within Consignee's Premises." Therefore, a BPA vendor must agree to pay all freight charges and deliver to the specific building and room specified at the time an order is placed.

If you feel that your company meets the criteria for obtaining a BPA, please submit a letter to my attention stating that your company would like to be considered for a BPA. Provide us with a current catalog and/or price list(s) showing the supplies/services that your company sells, and indicate what discount you are offering us off of your commercial list prices. Also, please include copies of orders that you have received during the most recent 12-month period by NIH offices/laboratories to show that you have reached the cumulative total of \$15,000. An analysis will be conducted to determine whether it would be advantageous to NIH to establish a BPA with your company. You will be notified in writing of our decision within 60 days. Send all written correspondence to my attention at 6011 Executive Boulevard, Room 549G, Rockville, Maryland 20892.

If you have any questions, please contact me or a member of my staff on 301.496.5212.

Sincerely yours,

Cole Stathes
BPA Program Coordinator
Simplified Acquisition Programs Branch

ELECTRONIC COMMERCE / ELECTRONIC DATA INTERCHANGE

Background

One of the Clinton Administration's major themes in its National Performance Review was the need to overhaul the procurement process in Federal Government. With this task in mind, President Clinton signed an Executive Order on October 26, 1993, establishing a requirement for Federal agencies to implement Electronic Commerce/Electronic Data Interchange (EC/EDI) systems. The EC/EDI initiative was intended to decrease turnaround time, cost of processing orders, and the cost of procured goods and services, while increasing opportunities for small and minority businesses to compete in the Federal marketplace. The initiative and guidelines for implementing such systems were formalized through the Federal Acquisition Streamlining Act of 1994 (FASA). Agencies who successfully demonstrated their capability to sustain an EC/EDI program could apply for Interim FACNET Certification and thereby raise their simplified acquisition threshold from \$50,000 to \$100,000.

Description of Federal Acquisition Computer Network (FACNET) and the EC / EDI Initiative

The Federal EC/EDI system infrastructure is the interconnected communications and computer capability supporting the exchange of business transactions in a standard format between Government agencies and their trading partners. On the Government side are agency procurement systems, gateways and two Electronic Commerce Processing Nodes (ECPNs). Gateways serve as local hubs, collecting and distributing electronic transactions to one or more departmental information systems. The ECPNs, run by the Department of Defense (DoD), are the central collection and distribution points for electronic transaction to both the Government and private industry through DoD certified Value Added Networks (VANs). A trading partner exchanges transactions with the Government by subscribing to one of these VANs. The VAN may offer additional services such as transaction translation, consulting and training, vendor profiling, and access to on-line databases and other procurement information.

Transactions

FACNET uses ANSI X-12 transaction set standards to conduct electronically. By selecting a standard, both the Government and private industry trading partners agree on the format and meaning of information within the EDI transaction. Because the Federal procurement community was FACNET's first customer, the transactions traded most through the network are procurement-related documents - 840s/Request for Quotes (RFQ), 843/Quotes, 850/Purchase Orders. Transactions supporting the procurement function, 838/Trading Partner Profiles, 832/Electronic Catalogs, and 864/Award Notices, also contribute significantly to the transaction volume. As other functional areas implement EDI, additional transaction sets are added to the system, for example, 856/Shipping Notices and 810/Invoices.

A typical EDI procurement cycle would start with the purchasing agent transmitting an RFQ which is translated into an 840 transaction set. A vendor responds with an 843/quote. The purchasing agent uses automated software to evaluate the quotes based on price and/or delivery date or other pre-established criteria. The purchasing agent selects a winning vendor and transmits an 850/Purchase Order to the vendor, and may also elect to transmit an 836/Award Notice for public distribution. A 997/Functional Acknowledgment is generated by the recipient for each transaction set and transmitted to the transaction originator documenting delivery of the transaction.

OLAO's EC / EDI Project

The Office of Logistics and Acquisition Operations (OLAO), the centralized procurement activity at the NIH, started testing their EDI system and sent their first live transaction in November 1995. Transaction volumes increased and then decreased over time with the advent of the Internet and other acquisition vehicles; and currently OLAO is processing a small percent of its simplified acquisition requirements between \$2,500 and \$100,000 to FACNET. Posting times generally range from three days to two weeks, depending on the urgency of the supplies or services required and the complexity of the procurement.

The OLAO was among the first, if not the first, civilian agency to post RFQs with an electronic statement of work (SOW) and to issue electronic RFQs for services. Procurements range from PCS and printers to polycoveralls, from electronic microscope maintenance to replacement of conference room doors, from electric rays to squid eyes.

Getting started:

You will need a PC, a modem, and a subscription to a DoD-certified VAN. For more information on EC/EDI see DoD's Web site at <http://www.dscr.dla.mil/edi/edi.htm>.

CONTRACTING VIA THE INTERNET

Electronic RFPs at the NIH

The majority of the institutes at the NIH are now electronically posting Request For Proposals (RFPs) and Invitation for Bids on the Internet or World Wide Web. The NIH REQUESTS FOR PROPOSAL DIRECTORY offers users (internal/external) quick and easy access to selected RFP solicitations available at the NIH. This directory provides users with text versions of RFPs, along with solicitation/contract information, instructions and forms required for the acquisition process, from proposal preparation to award of a contract. The NIH RFP Directory can be accessed via the following Web site <http://ocm.od.nih.gov/contracts/rfps/mainpage.htm>. Additional useful and resourceful Federal and business development sites can be accessed via the SBO Web site under the Resource Library.

As an adjunct to the NIH's efforts towards issuing electronic RFPs, the National Institutes of Allergy and Infectious Diseases (NIAID), allows offerors to submit biomedical research proposals via the Internet. Proposals are submitted and forwarded to the peer reviewers electronically. Peer review is designed so that a face-to-face meeting is not required. Using a dedicated server with access restricted through passwords provides adequate security. Following the electronic review process, negotiations are conducted and a contract award then awarded. This approach saves the Government and, hence, the taxpayer the costs of travel and per diem for the reviewers, and of shipping proposals to the reviewers. Offerors were spared the cost of copying and shipping proposals, which can be a significant expense.

Other innovative contracting vehicles, such as, the National Cancer Institute's sponsored "Intra Mall," an electronic shopping mall, and the Office of Logistics and Acquisition Operations' NIH Information Technology Acquisition and Assessment Center (NITAAC) are making supplies and services available for purchase electronically via the Internet to decrease costs and increase operational efficiencies.

The NIH acquisition community expects to explore more business innovation via the Internet in the future.

ELECTRONIC PAYMENTS

As the Federal Government moves into the Information Age, many changes affecting how we conduct business can be expected. As of January 1, 1998, in accordance with Federal law, the NIH began making payments to vendors from the U.S. Treasury via Electronic Funds Transfer (EFT). EFT includes Automated Clearing House (ACH), Fedwire, IMPAC purchase cards, and American Express ATM (automated teller machine) transactions. ACH is the primary system used to transfer payments to vendors and report on payments to vendors, possibly for a fee. All active vendors with orders placed before July 26, 1996, converted to ACH by January 1, 1999; all new vendors have been required to utilize ACH beginning January 1, 1998. Vendors must register with each Federal Agency with whom they do business. Vendors register by completing a SF-3881, ACH Vendor/Miscellaneous Payment Enrollment Form.

Prior to issuing a purchase order or signing a contract the responsible Federal Official will provide the SF-3881 to all new vendors and per invoice. Any questions and/or additional information can be directed to The NIH Financial Systems Branch Customer Service, Office of Financial Management (OFM), Building 31, Room B1-B04, 9000 Rockville Pike, Bethesda, Maryland 20892, 301.496.6088, the Web site for OFM is <http://www4.od.nih.gov/ofm/>. The Department of the Treasury has made the Guide to Federal Financial EDI Payments available on a Fax-on-Demand line at 202.874.8616 and via their Web site at <http://www.fms.treas.gov/vendor.html>.

MARKETING AT THE NIH

This section presents recommendations for approaching marketing at the NIH. Experiences of acquisition program staff as well as observations made of successful marketing approaches, by both small and large business owners, contribute to the development of these practical tips and suggestions for developing and implementing a marketing strategy. This discussion presumes that business planning and product/service development have been accomplished and confirms that a written and evolving marketing strategy and plan have been developed. This discussion is also intended to help small business owners get the most out of their marketing investment as well as to stimulate consideration of the use of new technologies, such as the Internet, for marketing tools.

KNOWING YOUR CUSTOMER AND PRODUCT/SERVICE MARKET POTENTIAL is critical to implementing a tailored marketing plan and strategy at the NIH.

As you examine your prospects of engaging in business with the NIH, you will determine whether your products/services can and will be consumed by needs, wants and demands of the program activities executed in support of mission and organizational objectives. Business owners interested in reaching the NIH customer need to understand the cultural environment of the agency as well as what considerations motivate their buying: product/service, scientific and technical merit, price, business reputation and experience. The research activities your business conducts should aim to discover the customer and determine which of your business's products and services have technical and cost effective value to satisfy the NIH customer motivations and objectives.

There are numerous ways to gather information about the NIH customer. The NIH Web site <http://www.nih.gov> contains a vast amount of agency and health related information and links to an array of other Web sites that can assist businesses in developing an understanding of the agency's function, mission, and potential needs. Information contained in this Guidebook synthesizes the NIH's mission objective, describes its acquisition and small business programs, and links to vast amounts of agency and program-specific information and activities.

Strategies for using the following resources is addressed below: 1) the Guidebook contains information about how to order the NIH telephone directory, which is one way to understand the organizational structure of the ICs and one way to determine and locate functional areas of responsibilities as well as the program and people supporting them; 2) the Guidebook lists NIH contracting offices and their Chiefs as well as the IC's Information/Public Liaison Offices, all of which serve as gateways of information about all facets of the IC's activities, programs and people; 3) the Office of Acquisition Management and Policy Web site <http://oamp.od.nih.gov> contains informative publications about programs, contract information and other business activities that can assist firms target future business opportunities; 4) the NIH Web site <http://www.nih.gov/news/> contains news, press releases, events information, media contacts and services, special reports, and budget information, all of which can contribute to understanding the agency for discovering business opportunities.

Firms also should review other business, health and Federal publications to learn about future programs and contract opportunities, e.g., the FedBizOpps, a publication listing pre and post contract award notices as well as market survey notices for future business opportunities. Review of other publications, such as industry trade journals and health related literature, can help the business follow the NIH customer and its potential needs.

Before the World Wide Web, it was often necessary to “walk the halls” of an agency to gather such information. Today the Web, the marketplace of the future, is the keystone of electronic information and commerce and the gateway to the global customer base. Fortunately, for small businesses with limited resources, most research activity today can be conducted through a “virtual walk of the halls,” from review and analysis of congressional appropriations to agency program budgeting for future spending.

IMPLEMENTING MARKETING COMMUNICATIONS about products/services to the targeted customer is effectively accomplished when tailored to buying conditions and processes.

Once you have determined that your product/service has technical and cost effective value to the NIH customer’s needs and wants, an appropriate promotional strategy that effectively and efficiently uses your people and budgetary marketing resources should be directed to the targeted customer. Research and evaluation of agency informational literature should assist businesses in implementing a tailored marketing strategy that will enable you to take advantage of upcoming business opportunities at the NIH. The effective promotional strategy will accommodate for the challenges presented by a customer like NIH, where purchasing offices and activities are geographically dispersed and decentralized and a variety of contract mechanisms and vehicles are utilized to satisfy customer needs.

The right officials to contact will depend on not only the type and market value of the product/service offered but also the stage in the procurement cycle within which the business finds itself. At the same time, the dollar value of estimated procurements and available contracting vehicles would have a direct impact on the degree and mode of marketing activities the business owner will implement. The program official or project officer planning to purchase products or services, with budget authority, might be the right target. At later stages in the acquisition cycle, the small business and contracting officials might prove to be the right contact.

Simplified acquisitions, to include credit card activity, often times require a direct, face-to-face, approach with purchasing personnel. Credit card purchasing authority may rest with technical program and/or administrative type personnel. Some simplified acquisitions may be handled by a purchasing office that posts contracting opportunities on bulletin boards and seeks limited competitive quotes, through rotated vendor lists maintained in their offices. Some simplified acquisitions are accomplished through e-commerce modes and do not require nor afford the opportunity for traditional face-to-face interactions nor public postings.

Opportunities for more complex and larger dollar value contracts are posted in the FedBizOpps and on the Web. The related contract process is time consuming, more complex and riddled with rules and regulations, with which the business owner should be familiar. Marketing for these requirements may be limited to intelligence gathering as far in advance as possible simply to prepare the business as a viable bidder or offeror, secure key personnel and/or strategic alliances with other small or large businesses.

A characteristic of successful contract awardees is a comprehensive understanding not only of the NIH customer but also of the Federal procurement process itself. A business needs to understand the Federal Acquisition Regulations and any supplemental agency regulations. A business needs to understand the rules, regulations and procedures that influence the Government's different methods of soliciting offers and making awards of contracts. Small business should be familiar with the varied set-aside programs and how to benefit from the different preferences. The contract process, contract award and office information as well as the "rules and regulations" can be found in this Guidebook or posted elsewhere on the SBO Web site.

MARKETING TOOLS, such as capability statements, company brochures, and catalogues must be evolving and adaptable documents that are regularly updated and able to introduce the business and able to speak to the experience and potential of its capability. A successful business learns to cultivate professional and personal relationships with program and contracting officials based on credibility and integrity of the business, its people and products/services and to effectively communicate this information through marketing tools.

A good marketing tool is tailored to the customer's needs and wants and, through attractive packaging, introduces and promotes the business's products/services in a clear and convincing manner with appropriate supporting information that substantiates the business's claims. If a business is fortunate enough to secure a few minutes of a program or contracting official's time, the business should be prepared to identify and discuss the customer's needs and demonstrate how the business's products/services can satisfy those needs and support customer objectives.

Generally, capability information should synopsise the business's philosophy, objectives, history, technical and management experience at the corporate level and product/service descriptions and summaries of "people" expertise, as appropriate. Corporate experience should substantiate capability claims, communicate the scope and breadth of project experience and highlight that which was unique or particularly noteworthy from a business or technical perspective. Capability information should present relevant references. Capability statements can present the potential capability of the firm, if they can reasonably support such potential by showing access to other available corporate or people expertise that supports such claims.

A business may not always be available nor afforded the opportunity to clarify or expand on particular information or issues presented in promotional information; therefore, the promotional information should be self-supporting. If the business conducted sufficient research about the customer, the capability information will not contain superfluous information but will directly address the customer's needs and objectives.

Most businesses are marketed to by other businesses at some time or another. An interesting perspective to adopt when developing promotional literature, is to ask yourself what you need and want to know from a business that was fortunate enough to secure a few minutes of your valuable time. It might behoove the business to seek professional and expert assistance in developing marketing plans and tools to effectively advertise and sell its' products/services.

This Guidebook contains a partial list of business development and resource centers collocated at local Universities and in the local communities that can help business in varying stages of business formation and development. The SBO Web site “Resource Library” button is a gateway to a “virtual library” of other Federal and business links that assist in business development activities.

Market! Market! Market!

APPENDICES

APPENDIX A

NIH OFFICES OF INFORMATION AND PUBLIC LIAISON

For additional information about the NIH ICs, contact the following Public Liaison Officers:

Warren Grant Magnuson Clinical Center (CC)

Patient Recruitment and Public Liaison Office

Officer: Dottie Cirelli

Building 61, 10 Cloister Court

Bethesda, Maryland 20892-4754

301.402.6417

E-mail: dc104z@nih.gov

National Cancer Institute (NCI)

Office of Liaison Activities

Officer: Elizabeth Handley

6116 Executive Blvd., Room 3068A

Bethesda, Maryland 20892-8324

301.594.3194

E-mail: liaison@od.nci.nih.gov

National Center for Research Resources (NCRR)

Office of Science Policy and Public Liaison

Officer: Joyce McDonald

Rockledge I, Room 5144

6705 Rockledge Drive, MSC 7965

Rockville, Maryland 20817-7965

301.435.0888

E-mail: kk87d@nih.gov

National Eye Institute (NEI)

Office of Communication, Health Education, and Public Liaison

Officer: Jean Horrigan

Building 31, Room 6A32

31 Center Drive, MSC 2510

Bethesda, Maryland 20892-2510

301.496.5248

E-mail: jh57h@nih.gov

National Human Genome Research Institute (NHGRI)

Office of Policy, Planning and Communications

Officer: Larry Thompson

Building 31, Room 4B09

31 Center Drive, MSC 2152

Bethesda, Maryland 20892-2152

301.402.0911

E-mail: Thomps@mail.nih.gov

National Heart, Lung, and Blood Institute (NHLBI)

Office of Science and Technology - Legislative and Public Liaison

Officer: Cindy Palace

Building 31, Room 5A03

31 Center Drive, MSC 2482

Bethesda, Maryland 20892-2482

301.496.9899

E-mail: sl34v@nih.gov

National Institute on Aging (NIA)

Office of Communications and Public Liaison

Officer: Jane Shure

Building 31, Room 5C27

31 Center Drive, MSC 2292

Bethesda, Maryland 20892-2292

301.496.1752

E-mail: js103g@nih.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Office of Policy, Legislation and Public Liaison

Officer: Geoffrey Laredo

6000 Executive Boulevard, Suite 405

Bethesda, Maryland 20892-7003

301.443.6371

E-mail: gl61f@nih.gov

National Institute of Allergy and Infectious Diseases (NIAID)

Office of Communications and Public Liaison

Officer: Laurie Doepel (Acting)

Building 31, Room 7A50

31 Center Drive, MSC 2520

Bethesda, Maryland 20892-2520

301.496.5717

E-mail: ocpostoffice@niaid.nih.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases(NIAMS)

Office of Communications and Public Liaison

Officer: Janet Austin

Building 31, Room 4C02

31 Center Drive, MSC 2350

Bethesda, Maryland 20892-2350

301.496.8190

E-mail: NIAMSPublicLiaison@mail.nih.gov

National Center for Complementary and Alternative Medicine (NCAAM)

Public Information and Liaison Branch

Officer: Chris Thomsen

6707 Democracy Blvd., Suite 401

Bethesda, Maryland 20892-5475

301.451.8876

E-mail: info@nccam.nih.com

National Institute of Child Health and Human Development (NICHD)

Legislative and Public Liaison Office

Officer: George Gaines

Building 31, Room 2A03

31 Center Drive, MSC 2425

Bethesda, Maryland 20892-2425

301.435.3447

E-mail: gg36u@nih.gov

National Institute on Drug Abuse (NIDA)

Public Information and Liaison Branch

Officer: Beverly Jackson

6001 Executive Blvd., Room 5213

Bethesda, Maryland 20892-9561

301.443.1124

E-mail: bj50y@nih.gov

National Institute on Deafness and Other Communication Disorders (NIDCD)

Office of Health Communication and Public Liaison

Officer: Dr. Marin Allen

Building 31, Room 3C35

31 Center Drive, MSC 2320

Bethesda, Maryland 20892-2320

301.496.7243

E-mail: ma51v@nih.gov

National Institute of Dental and Craniofacial Research (NIDCR)

Public Information and Liaison Branch

Officer: Susan Johnson

Building 45, Room 4AS19

45 Center Drive, MSC 6400

Bethesda, Maryland 20892-6400

301.496.4261

E-mail: sj24f@nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Office of Communications and Public Liaison

Officer: Elizabeth (Betsy) Singer

Building 31, Room 9A04

31 Center Drive, MSC 2560

Bethesda, Maryland 20892-2560

301.496.3583

E-mail: niddk.inquiries@nih.gov

National Institute of Environmental Health Sciences (NIEHS)

Office of Communications and Public Liaison

Officer: Allen Dearry

Building 31, Room B1C02

31 Center Drive, MSC 2256

Bethesda, Maryland 20892-2256

1.919.541.3068

E-mail: grigg@niehs.nih.gov

National Institute of General Medical Sciences (NIGMS)

Office of Communications and Public Liaison

Officer: Ann Dieffenbach

Building 45, Room 1AS.25

45 Center Drive, MSC 6200

Bethesda, Maryland 20892-6200

301.496.7301

E-mail: ad41v@nih.gov

National Institute of Biomedical Imaging and Bioengineering (NIBIB)

Office of Policy, Communications, and Public Liaison

Officer: Dr. Roderic I. Pettigrew

Building 31, Room 1B37

31 Center Drive

Bethesda, Maryland 20892-2077

301.451.6768

E-mail: info@nibib.nih.gov

National Center on Minority Health and Health Disparities (NCMHD)

Office of Policy, Communications, and Public Liaison

Officer: Doug Hussey

6707 Democracy Blvd., Suite 800

Bethesda, Maryland 20892-5465

301.402.1366

E-mail: ncmhdinfo@od.nih.gov

Office of AIDS Research (OD/OAR)

Office of Policy, Communications, and Public Liaison

Officer: Wendy Wertheimer

Building 2, Room 4E12

2 Center Drive

Bethesda, Maryland 20892

301.496.0357

E-mail: ww5n@nih.gov

Office of the Director (OD)

Office of Communications and Public Liaison

Officer: John Burklow (Acting)

Building 1, Room 344

1 Center Drive, MSC 0188

Bethesda, Maryland 20892

301.496.4461

E-mail: jb165e@nih.gov

National Institute of Mental Health (NIMH)

Office of Communications and Public Liaison

Officer: Clarissa Wittenberg

Neuroscience Center

6001 Executive Blvd., Room 8184

Bethesda, Maryland 20892-9663

301.443.3600

E-mail: nimhhginfo@nih.gov

National Institute of Neurological Disorders and Stroke (NINDS)

Office of Communications and Public Liaison

Officer: Marian Emr

Building 31, Room 8A06

31 Center Drive, MSC 2540

Bethesda, Maryland 20892-2540

301.496.5924

E-mail: braininfo@ninds.nih.gov

National Institute of Nursing Research (NINR)

Office of Science Policy and Public Liaison

Officer: Genevieve deAlmeida-Morris

Building 31, Room 5B10

31 Center Drive, MSC 2178

Bethesda, Maryland 20892-2178

301.496.0207

E-mail: do35p@nih.gov

National Library of Medicine (NLM)

Office of Communications and Public Liaison

Officer: Robert B. Mehnert

Building 38, Room 2S-08

8600 Rockville Pike

Bethesda, Maryland 20894

301.496.6308

E-mail: mehnert@nlm.nih.gov

APPENDIX B

OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION

Department of Health and Human Service (DHHS)

DHHS Web site: <http://www.os.dhhs.gov> or <http://www.hhs.gov>

DHHS Office of Small and Disadvantaged Business Utilization

Building HHH, Room 360-G200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone Number: 202.690.7300

FAX: 202.260.4872

OSDBU Home Page: www.hhs.gov/osdbu

Debbie Ridgely (Director)

E-mail: debbie.ridgely@hhs.gov

APPENDIX C

SBIR / STTR OFFICE

Small Business Innovation Research (SBIR) Program
Small Business Technology Transfer (STTR) Program

Office of Extramural Research
National Institutes of Health
JoAnne Goodnight
6701 Rockledge Drive
Room 6186, MSC 7910
Bethesda, Maryland 20892-7910
Telephone Number: 301.435.2770
E-mail: GoodnigJ@od.nih.gov

and

Small Business Innovation Research (SBIR) Program
Small Business Technology Transfer (STTR) Program

National Institutes of Health
Kay Etzler
6705 Rockledge Drive, Room 3522
Bethesda, Maryland 20892-7963
Telephone Number: 301-435-2713
E-mail: etzlerk@od.nih.gov

APPENDIX D NIH CONTRACTING OFFICES & ACQUISITION RESPONSIBILITIES

For information about contract support to the various NIH ICs, contact the following contracting offices:

Office of Acquisition Management and Policy, Office of Administration (OAMP, OA)

The NIH acquisitions are under the cognizance of the Head of the Contracting Activity (HCA), Director, OAMP. The OAMP (1) provides leadership and staff direction for NIH acquisition activities; (2) develops and promulgates NIH-wide acquisition policies and procedures and conducts continuing reviews and evaluations of IC contracting operations to insure adherence to sound contracting practices and compliance with all applicable statutes, regulations; (3) maintains NIH-wide contracts management data through utilization of various NIH data systems and maintains for the Contractor Performance System; (4) provides NIH-wide financial advice and services on the management and administration of contracts and negotiates indirect cost rates with all commercial companies receiving the preponderance of funding from the DHHS; (5) directs the NIH-wide Small Business Program to maximize contract and purchasing opportunities for small businesses and their subcategories; and (6) manages the DHHS Acquisition Training and Certification Program for NIH acquisition personnel and project officers.

6100 Executive Boulevard
Room 6D01, MSC 7540
Bethesda, Maryland 20892-7540
Telephone Number: 301.496.4422

Office of Logistic and Acquisition Operation (OLAO)

- Serves as a Competitive Service Center for processing contracts and simplified acquisitions, both R&D and non-R&D, excluding construction and A&E for ICs that do not directly acquire and that elect to utilize these services. Manages NIH's National Institute of Health Information Technology Acquisition and Assessment Center (NITAAC), Purchase Card, BPA, and DELPRO Programs, and provides guidance and support in all aspects of simplified acquisition.

6011 Executive Boulevard - Room 505D
Bethesda, Maryland 20892-7260
Telephone Number: 301.496.7448

- **Division of Research Acquisition (DRA), OLAO, OA, NIH** - Contracts for biomedical and behavioral R&D and related contracting support to the Office of the Director and those NIH ICs electing to utilize such services, which currently include NIA, NEI, NIDCD, and NIGMS.

6100 Executive Boulevard
Room 6E01, MSC 7540
Bethesda, Maryland 20892-7540
Telephone Number: 301.496.4487

National Cancer Institute (NCI)

Research Contracts Branch, OEM, NCI - Serves as a Competitive Service Center for non-R&D contracts and simplified acquisition for NINDS as well as R&D and non-R&D contracts and simplified acquisition for NCCAM.

Executive Plaza South - Room 604B
6120 Executive Boulevard MSC 7222
Bethesda, Maryland 20892-7222
Telephone Number: 301.496.8628

National Cancer Institute - Frederick Cancer Research and Development Center (NCI-FCRDC)

Management Operations and Support Branch, OEM, NCI - Contracts for operation and management of NCI-Frederick including R&D and R&D Support, Inter/Intra-Agency Agreements, and animal production/animal monitoring contracts.

Building 427 - Room 25
Fort Detrick
P.O. Box B
Frederick, Maryland 21702-1201
Telephone Number: 301.846.1113

National Center for Research Resources (NCRR)

Biomedical Engineering & Instrumentation Program
Building 13, Room 3N17
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: 301.496.4101

National Heart, Lung, and Blood Institute (NHLBI)

Contracts Operations Branch, DEA, NHLBI - Contracts and simplified acquisitions for R&D and non-R&D requirements, excluding A&E and construction for NHLBI. Serves as a Competitive Service Center (1) for processing contracts for R&D and non-R&D, excluding A&E and construction for the National Center for Research Resources (NCRR), the National Institute for Craniofacial and Dental Research (NIDCR), the National Institute of Biomedical Imaging and Bioengineering (NIBIB), and the Office of Research Services (ORS); (2) for processing simplified acquisitions for non-R&D requirements, excluding A&E and construction for the National Institute on Drug Abuse, the Center for Scientific Review, NCRR, NIBIB and ORS.

Rockledge Building (RKL2)
Room 6100, MSC 7902
6701 Rockledge Drive
Bethesda, Maryland 20892-7902
Telephone Number: 301.435.0330

Procurement Section
Rockledge Building, Room 6150
6701 Rockledge Drive
Bethesda, Maryland 20982
Telephone Number: 301.480.3345

National Institute on Aging (NIA)

Procurement Specialist
NIH Gerontology Research Center
4940 Eastern Avenue, Room 1E08
Baltimore, Maryland 21224
Telephone Number: 410.558.8105

National Institute of Alcohol Abuse and Alcoholism (NIAAA)

Contract Management **Branch, ORM, NIAAA** - Contracts for R&D and non-R&D requirements, excluding A&E and construction for NIAAA.

National Institute of Allergy and Infectious Diseases (NIAID)

- **Contract Management Branch, DEA, NIAID** - Contracts for R&D requirements for NIAID.

Research Contracting
Solar Building - Room 3CO7
6003 Executive Boulevard MSC 7610
Bethesda, Maryland 20892-7610
Telephone Number: 301.496.0612

- Acquisitions Management and Operations Branch, OD, NIAID - Contracts, DELPRO and simplified acquisitions in support of R&D and non-R&D requirements, excluding A&E and constructions for OD and the Division of Intramural Research, NIAID.

Acquisition Management and Operations Branch
Contracts Section
Solar Building - Room 1C38
6003 Executive Boulevard MSC 7605
Bethesda, Maryland 20892-7605
Telephone Number: 301.402.2284

Acquisition Management and Operations Branch
Delegated Procurement Section
Solar Building - Room 1C38
6003 Executive Boulevard MSC 7605
Bethesda, Maryland 20892-7605
Telephone Number: 301.402.2284

National Institute of Arthritis Musculoskeletal Skin Diseases (NIAMS)

Contracts Management Branch, EP, NIAMS - Contracts for R&D and R&D support requirements for NIAMS, excluding A&E and construction.

Bldg. 31-Room 4C32
31 Center Drive MSC 2350
Bethesda, Maryland 20892-2350
Telephone Number: 301.496.4353

National Institute of Child Health and Human Development (NICHD)
Contracts Management Branch, OGC, NICHD - Contracts for R&D and R&D support for NICHD.

6100 Executive Boulevard
Room 7A07, MSC 7510
Bethesda, Maryland 20892-7510
Telephone Number: 301.496.4611

National Institute on Drug Abuse (NIDA)
Contracts Management Branch, OD, NIDA - Contracts for R&D and R&D support requirements for NIDA.

6001 Executive Boulevard
Room 3105, MSC 9543
Bethesda, Maryland 20892-9543
Telephone Number: 301.443.6679

Administrative Services Branch
P.O. Box 5180
5500 Nathan Shock Drive
Baltimore, Maryland 21224
Telephone Number: 410.550.1490

National Institute of Dental and Craniofacial Research (NIDCR)
Contracts Management Section, OAM, NIDCR - Contracts and Inter-Agency Agreements for R&D and R&D support requirements. The majority of R&D and R&D support contracts are processed by the NHLBI Competitive Service Center.

Natcher Building - Room 4AN-44D
45 Center Drive MSC 6402
Bethesda, Maryland 20892-6402
Telephone Number: 301.594.0652

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Acquisition Management Branch, DEA, NIDDK - Contracts and simplified acquisitions for R&D and non-R&D requirements, excluding A&E and construction for NIDDK.

Natcher Building - Room 6AN32
45 Center Drive MSC 6600
Bethesda, Maryland 20892-6600
Telephone Number: 301.594.7728

Station Support Section, Acquisitions Management Branch
Building 45, Room 6AN-32
45 Center Drive
Bethesda, Maryland 20892
Telephone Number: 301.594.7733

National Institute of Environmental Health Sciences (NIEHS)

- **Research Contracts Branch, DERT, NIEHS** - Contracts for R&D and R&D support requirements. Also serves as a Competitive Service Center for processing contracts for R&D and R&D Support requirements for the National Human Genome Research Institute (NHGRI).
- **Acquisitions Management Branch, OM, OD, NIEHS** - Contracts and simplified acquisitions for non-R&D requirements, including A&E and construction for NIEHS. Serves as a Competitive Service Center for non-R&D requirements for the National Human Genome Research Institute (NHGRI).

P.O. Box 12874
Research Triangle Park, North Carolina 27709
Telephone Number: 919.541.4670

Purchasing Agent
P.O. Box 12874
Research Triangle Park, North Carolina 27709
Telephone Number: 919.541-0387

National Institute of Mental Health (NIMH)

Contracts Management Branch, OD, NIMH - Contracts for R&D and non-R&D requirements excluding A&E and construction for NIMH.

6001 Executive Boulevard
Room 6S-6107, MSC 9603
Bethesda, Maryland 20892-9603
Telephone Number: 301.443.2696

National Institute of Neurological Disorders and Stroke (NINDS)

Contracts Management Branch, DER, NINDS - Contracts for R&D requirements for NINDS.

6001 Executive Boulevard
Room 3287, MSC 9531
Bethesda, Maryland 20892-9531
Telephone Number: 301.496.1813

National Library of Medicine (NLM)

Office of Acquisitions Management, OA, NLM - Contracts and simplified acquisitions for R&D and non-R&D requirements, excluding A&E and construction for NLM. Serves as a Competitive Service Center for processing contracts for non-R&D requirements, excluding A&E and construction for the following organizations: NIH Office of Extramural Research, NIH Office of Behavioral and Social Sciences Research, NIH Center for Information Technology, NIH Electronic Research Administration Project Office, NIH Business and Research Support System Project Office, and the HHS Unified Financial Management System Program Management Office.

Building 38A - Room B1N17
8600 Rockville Pike
Bethesda, Maryland 20892-6075
Telephone Number: 301.496.6546

Small Purchases
Building 38A, Room B1N20
8600 Rockville Pike
Bethesda, Maryland 20894
Telephone Number: 301.496.6127

Office of Research Services (ORS)

Office of Acquisition Services, ORS, NIH, Construction Contracts Branch - Contracts for A&E and construction for ICs.

9000 Rockville Pike
Building 13, Room G800
Bethesda, Maryland 20892
Telephone Number: 301.496.8080

NIB Distribution Center - Storage and Distribution of Stock

Division of Logistics Services - Inventory Managers
16050 Industrial Drive
Gaithersburg, Maryland 20878
Telephone Number: 301.435.3662

Warren Grant Magnuson Clinical Center (CC)

Office of Purchasing and Contracts, CC - Contracts and Simplified Acquisitions for R&D and non-R&D requirements for the CC.

6706 Democracy Blvd.
Building Democracy II, Suite 106
Bethesda, Maryland 20892
Telephone Number: 301.496.2301

APPENDIX E
NIH COMPETITIVE SERVICE CENTERS
and Examples of Project Support

Area	Contract Service Center Provider	IC User	Contact Service Center Manager
ACQUISITIONS	NIEHS	NHRGI	Allan Benton Chief, Research Contract Branch P.O. Box 12874 Research Triangle Park, NC 27709 919.541.4670
	NLM	CIT, OER	Jon Retzlaff Acting Chief, Office of Acquisitions Management Bldg. 38A, Room B1N17 301.496.6546
	NHLBI	CSR, NCRR, NIDA, NIDCR, NIMH, ORS	Robert Best Chief, Contracts Operations Branch Bldg. Rockledge 2, Room 61000 301.435.0330
	NCI	NINDS, NCCAM	Jack Campbell Chief Research Branch Bldg. EPS, Room 608K 301.496.0158
	OLAO	FIC, NIAMS, NIMH, ORS, CIT, NICHD, OD, NIGMS, NEI, NIDCR, NINR, NIDCD, NIA, NIAAA, NHGRI	Paul Horton Acting Director, Office Logistics & Acquisition Operations Bldg. 6011, Room 637 301.496.0158
APPLICATION DEVELOPMENT	NIAID	NICHD	Jack Vinner Information Systems Specialist Bldg. FED, Room 810 301.594.9074
CLINICAL TRIALS DATABASE	NLM	OD (ORDR)	Jon Retzlaff Acting Chief, Office of Acquisitions Management Bldg. 38A, Room B1N17 301.496.6546

Area	Contract Service Center Provider	IC User	Contact Service Center Manager
COMMITTEE MANAGEMENT	NHLBI	NIEHS, OD/ORWH, NINR, CC, NIAMS	Katherine M. Valeda Committee Management Officer Bldg. Rockledge 2, Room 7220 301.435.0255
	NICHD	NIGMS, FIC, NCCAM, OD/COPR, OD/OAR, OD/NCMHD, OD/PROG, NCCAM/SREA, White House Commissions on CAM Policy/DHHS	Mary Plummer Committee Management Specialist Bldg. 6100, Room 5E03 301.594.7232
	NIAID	NIDCD, OD/CFSCC	Claudia Goad Committee Management Officer 6700 – B Rockledge, Room 2147 301.496.1761
	NIDDK	NIA	Denise Manouelian Committee Management Officer 2 Democracy Blvd., Room 758 301.594.8892
DELEGATED EXAMINING UNITS	CIT	NINDS, NIDCR, FIC, NIGMS, NIMH, NIAMS, NICHD, NEI, NIDDK, NIA	Kevin Murphy Human Resources Consultant Bldg. 12A, Room 3013 301.496.6951
FOIA/Privacy Act	NHLBI	NCCAM	Suzanne Freeman Deputy Branch Chief & FOIA/Privacy Bldg. 31, Room 5A33 301.496.9737

Area	Contract Service Center Provider	IC User	Contact Service Center Manager
GRANTS MANAGEMENT	NHLBI	NCAAM	Marie Willett Deputy Chief, Grants Operations Bldg. Rockledge 2, Room 7156 301.435.0144
	NICHHD	NIMH (SBIR/STTR)	Mike Loewe Bldg. 6100, Room 8A17 301.496.5481
NRSA SERVICE PAYBACK	NIGMS	NIMH, NIDA, NCI, NIAID, NICHHD	Joe Ellis Grants Management Officer Bldg. 45, Room 2AN32 301.594.5135
ELECTRONIC PEER REVIEW	NIAID	NIDCR, CSR	Allen Czarra Deputy Director, DEA 6700 – B Rockledge 301.496.7291
PEER REVIEW	NHLBI	NIDCR (Partial)	C. James Scheirer Ph.D. Chief, Review Branch Bldg. Rockledge 2, Room 7216 301.435.0266
SREA CHECK WRITING	CSR	NIEHS, NIAID, NCI, NLM, NIAMS, NIDDK, NIGMS, NHGRI, NHLBI, NIMH, NICRR, NIAAA	Carolyn Grabner Chief, Scientific Review & Evaluation Awards Office Bldg. Rockledge 2, Room 7106 301.435.0255
TECHNOLOGY TRANSFER	NCI	NEI, NIA, NIDCR, NIDA, CC, NLM, NICHHD, NINDS, CIT	Bruce Goldstein Technology Transfer Branch Bldg EPS, Room 450 301.496.0477
	NHLBI	NIDCD, NIAMS, NIEHS, NCCAM, NCRR	Jonathan Gottlieb Technology Development Coordinator Bldg. 31 Room 1B30 301.402.5579
	NIAID	NINR	Mark Rohrbaugh Director, Office Technology Development Bldg. 31, Room 3B62 301.496.2644

APPENDIX F
SENIOR CONTRACTING OFFICER CONTACTS

Best, Robert
301.435.0330
RKL2/6224
FAX: 301.480.3338

Chief, Operations Branch,
DEA, NHLBI

Benton, Allan C.
P.O. Box 12874
Research Triangle
Park, N.C. 27709
FTS: 919.541.4670
FAX: 919.541.2712

Chief, Research Contracts Branch,
NIEHS

Bridges, Antoinette
P.O. Box 12874
Research Triangle
Park, N.C. 27709
FTS: 919.541.5415
FAX: 919.558.7043

Chief, Acquisitions Management Branch,
NIEHS

Davis, Kirkland
301.496.1813
6001/3287
FAX: 301.402.0178

Chief, Contracts Management Branch
DEA, NINDS

Pickett, Valerie
301.496.4487
6100/6E01
FAX: 301.402.0178

Acting Chief, Division of Research Acquisition
OLAO

Eaton, John
301.846.1113
FCRDC
427/30
FAX: 301.846.6628

Chief, Government Contracting Officer
NCI, FCRDC

Eskenazi, David
301.443.2696
6001/6107
FAX: 301.443.0501

Chief, Contracts Management Branch
NIMH

Guenther, Rebecca
301.402.2301
6700-B/1130
FAX: 301.480.3695

Chief, Acquisitions Management Operations Branch
OD, NIAID

Hamill, John
301.443.6677
6001/263
FAX: 301.443.7595

Chief, Contracts Management Branch
NIDA

Jones, Sydney
301.402.1433
CC/2C200
FAX: 301.480.5563

Chief, Clinical Center Acquisitions Management
CC

Campbell, Jack
301.496.8628
EPS/6034
FAX: 301.480.0309

Associate Director for Business Operations & Development
OM, NCI, (RCAB)

Quinn, James
301.496.4611
6100/7A07
FAX: 301.402.3676

Chief, Contracts Management Branch
OGC, NICHD

Horton, Paul
301.402.4432
6011/637E
FAX: 301.402.0577

Acting Chief, OLAO

Gibbons, Patricia
301.496.6491
38 A/2N11
FAX: 301.480.4971

Chief, Office, Office of Acquisitions
Management, OA, NLM

Sullivan, Patrick M.
301.594.7728 or 7725
Natcher/6AN32
FAX: 301.480.4226

Chief, Contracts Management Branch
DEA, NIDDK

Grewe, Charles
301.496.7291
6700-B/2142
FAX: 301.402.0369

Chief, Contracts Management Branch
DEA, NIAID

Webster-Cissel, Eileen
301.594.2543
Natcher 5AS-13A
FAX: 301.480.5996

Chief, Contracts Management Branch
NIAMS, OD

Wilhelm, Roberta
301.443.1191
WillcoBldg.
Suite 504
FAX: 301.443.3891

Chief, Contracts Management Branch
OPRM, NIAAA

Richardson, Melissa
301.402.0878
31/2E43
FAX: 301.402.0331

Director, Office of Research Facilities Acquisition
Division of Real Property
ORS

Christopher, Robert
301.496.8080
13/G800
FAX: 301.402.1103

Branch Chief of Construction Contracting Branch
ORF

APPENDIX G

SIMPLIFIED ACQUISITION CONTACTS

Division of Acquisition Programs

Laurie Weker, Director

6011 Executive Blvd/549-C/1

Phone: 301.496.6071

FAX: 301.402.2145

Web site: <http://www.olao.od.nih.gov>

E-mail: creditcard@od.nih.gov

Georgiann M. Wilson

Purchase Card Manager

NIH Purchase Card Agency Program Coordinator

Phone: 301.435.3938

FAX: 301.402.2145

Purchase Card Helpline

301.435.6606

Cole Stathes, Coordinator

Blanket Purchase Agreement Program (BPA)

301.435.3933

BPA Helpline

301.496.5212

Milton Nicholas, Simplified Acquisition/Delpro Coordinator

Delegated Procurement System (DELPRO)

301.435.6605

DELPRO Helpline

301.496.0400

APPENDIX H

NIH SECURITY AND PARKING

NIH Parking Office
Building 31C, B3 Level
301.496.6851

Vendors wishing to do business with the NIH can be issued special temporary ID(s). You must provide an original letter on company letterhead. The letter must be dated and contain the vendor(s) full name, title, birthday, social security number, name of person(s) granting authorization to vendor, type of business and/or services provided by the vendor and must be presented in person with a valid photo ID at the NIH Parking Office justifying your need for a temporary ID. The NIH Parking Office is open Monday through Friday 7:30 a.m. - 4:30 p.m. For more information about getting on and off the campus, please visit <http://www.nih.gov/about/visitorsecurity.htm>

APPENDIX I OTHER RESOURCES

The following are additional resources and points of contact that provide information, counsel and or assistance to businesses.

National Institutes of Health (NIH)

9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: 301.496.4000
NIH Web site: <http://www.nih.gov>

NIH Freedom of Information Act Office

Building 31, Room 2B39
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: 301.496.5633

NIH Competition Advocate

Building 1, Room 140
9000 Rockville Pike
Bethesda, Maryland 20892
Non-Research and Development: — Dr. Philip Chen — Telephone Number: 301.496.3561
Research and Development: — Dr. Anthony Demsey — Telephone Number: 301.496.5127

NIH Chief Information Officer (CIO)

Building 31, Room 12A-3033
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: 301.496.5703

NIH Extramural Grant Program

6701 Rockledge Drive MSC 7910
Bethesda, Maryland 20892-7910
Telephone Number: 301.435.0714
E-mail: asknih@od.nih.gov

Small Business Administration (SBA)

403 3rd Street, S.W.
Washington, D.C. 20201
SBA SBIR: Telephone Number: 202.205.6450
SBA Web site: <http://www.sba.gov>

SBA Co-sponsored Small Business Development Centers

<http://www.sba.gov/sbdc/mission.html>

SBA Office of Women's Business Ownership

<http://www.sba.gov/womeninbusiness>

Local Metropolitan Resources**SBA Small Business Resource Center**

3 West Baltimore Street
Baltimore, Maryland 21201
Telephone Number: 410.605.0990

SBA Business Information Center

110 Vermont Avenue, N.W. - 9th Floor
Washington, D.C. 20416
Telephone Number: 202.606.4000 ext. 266

Montgomery County Department of Economic Development

Business Resource Center
101 Monroe Street, Suite 1500
Rockville, Maryland 20850
Telephone Number: 240.777.2000
FAX: 240.777.2026
Web site: <http://www.theidealocation.com>

Howard University Small Business Development Center

2600 Sixth Street, N.W.
Washington, D.C. 20059
Telephone Number: 202.806.1550
FAX: 202.806.1777

The George Washington University National Law Center

2000 G. Street, N.W., Suite 200
Washington, D.C. 20052
Telephone Number: 202.994.7463
FAX: 202.994.4946

George Mason University Small Business Development Center

4260 Chain Bridge Road, Suite A-1
Fairfax, Virginia 22030-4444
Telephone Number: 703.277.7700
FAX: 703.277.7730

The University of Maryland

Capital Region Small Business Development Center for Montgomery and Prince George's County
7100 Baltimore Avenue, Room 402
College Park, Maryland 20740
<http://www.mdsbdc.umd.edu>
Point of Contact: Karen Lundberg
Telephone Number: 301.403.0501

Procurement Technical Assistance Program

A Program of the **Maryland SBDC Network**
7100 Baltimore Avenue, Suite 303
College Park, Maryland 20740
<http://www.mdptap.umd.edu>
Point of Contact: Greg Prouty, Program Manager
Telephone Number: 301.403.2740
FAX: 301.403.8303

Other Resources

Center for Veterans Enterprise (OOVE)

U.S. Department of Veterans Affairs
8011 I Street, NW, Suite 1208
Washington, D.C. 20001
Telephone Number: 202.565.8336
FAX: 202.565.4255
E-mail: vacve@mail.va.gov
Web site: <http://www.vetbiz.gov>

The Veterans Corporation

1800 Diagonal Rd, Suite 230
Alexandria, VA 22314
E-mail: ralen@veteranscorp.org

National Business Incubation Association (NBIA) -- business incubators across the U.S.
<http://www.nbia.org>

Procurement Technical Assistance Centers co-located with universities across the country:
http://www.sellingtothegovernment.net/ptac_map.asp#pa

APPENDIX J

THE NIH TELEPHONE SERVICE DIRECTORY & ACCESS TO NIH CAMPUS

To obtain a NIH Telephone and Service Directory, you can call, send a fax, or write to the Government Printing Office (GPO), Superintendent of Documents or access the directory posted at <http://directory.nih.gov>.

Address:

Government Printing Office (GPO)

Superintendent of Documents

P.O. Box 371954

Pittsburgh, Pennsylvania 15250-7954

Telephone Number: 202.512.1800

FAX: 202.512.2250

Web site: <http://www.access.gpo.gov>

The cost of the directory is \$49.00. Method of payment can be by Visa, MasterCard, or personal check.

The document number is 017-040-00544-0.

Vendors, contractors, messengers, and delivery persons who have frequent or long-term business on campus can be issued special NIH photo badges. They must provide a memo from their company (on company letterhead) or from the NIH Project Officer authorizing the need for a special badge. The memo must contain their full name and date of the NIH Parking Office in Building 31C, B3 level.

For more information about getting on and off the campus, please visit <http://www.nih.gov/about/visitorsecurity.htm>

APPENDIX K ACRONYMS

A

A&E	Architect Engineering
AMC	Acquisition Management Committee
AP	Acquisition Plan

B

BOA	Basic Ordering Agreement
B&P	Bid and Proposal
BPA	Blanket Purchase Agreement

C

CAS	Cost Accounting Standard
CC	Clinical Center
CCO	Chief of the Contracting Office
CEC	Contractor Establishment Code
CFR	Code of Federal Regulations
CIT	Center for Information Technology
CO	Contracting Officer
COC	Certificate of Competency
CPAF	Cost Plus Award Fee
CPFF	Cost Plus Fixed Fee
CPIF	Cost Plus Incentive Fee
CR	Cost Reimbursement
CS	Contract Specialist
CSR	Center for Scientific Review

D

DCAA	Defense Contract Audit Agency
DELPRO	Delegated Procurement System
DHHS	Department of Health and Human Services
DPA	Delegation of Procurement Authority
DRA	Division of Research Acquisition
D&B	Dun & Bradstreet Number

E

EIN	Employer Identification Number
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F

FAR	Federal Acquisition Regulations
FEDBIZOPPS	Federal Business Opportunities
FCRDC	Frederick Cancer Research and Development Center
FFP	Firm Fixed Price
FIC	Fogarty International Center
FOC	Full and Open Competition
FOI	Freedom of Information
FOIA	Freedom of Information Act
FP	Fixed Price
FPR	Final Proposal Review
FR	Federal Register
FY	Fiscal Year

G

GAO	General Accounting Office
GPO	Government Printing Office
GSA	General Services Administration
GWAC	Government-Wide Acquisition Contract

H

HCA	Head of the Contracting Activity
HUBZone	Historically Underutilized Business Zones

I

IC	Institutes, Centers
IDC	Indefinite Deliver Contract
IDIQ	Indefinite Delivery Indefinite Quantity Contract
IFB	Invitation for Bid
IMPAC	Information for Management, Planning, Analysis and Coordination (Data System)
IMPACT	Integrated Management of Personnel Administration Through Computer Technology
IRM	Information Resources Management

J

JOFOC	Justification for Other than Full and Open Competition
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L

LAN	Local Area Network
LOE	Level of Effort

M

MA	Master Agreement
MAC	Multiple Award Contract
MOU	Memorandum of Understanding

N

NAICS	North American Industrial Classification System
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NCMHD	National Center on Minority Health and Health Disparities
NCRR	National Center for Research Resources
NEC	Not Elsewhere Classified
NEI	National Eye Institute
NHGRI	National Human Genome Research Institute
NHLBI	National Heart, Lung and Blood Institute
NIA	National Institute on Aging
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAID	National Institute of Allergy and Infectious Diseases
NIAMS	National Institute of Arthritis, Musculoskeletal and Skin Diseases
NIBIB	National Institute of Biomedical Imaging and Bioengineering
NICHD	National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIDCD	National Institute on Deafness and Other Communication Disorders
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIEHS	National Institute of Environmental Health Sciences
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NINR	National Institute of Nursing Research
NIST	National Institute of Standards and Technology
NLM	National Library of Medicine

O

OA	Office of Administration
OAMP	Office of Acquisition Management and Policy
OFCCP	Office of Federal Contract Compliance Programs
OIRM	Office of Information Resources Management
OLAO	Office of Logistics and Acquisition Operations
OPDIV	Operating Division
ORS	Office of Research Services
OS	Office of the Secretary
OSDBU	Office of Small and Disadvantaged Business Utilization

P

PA	Privacy Act
PCR	Procurement Center Representative
PHS	Public Health Service
PI	Principal Investigator
PIA	Procurement Integrity Act
PL.	Public Law
PMS	Payment Management System
PO	Project Officer

R

R&D	Research and Development
RFC	Request for Contract
RFP	Request for Proposal
RFQ	Request for Quotation

S

SB	Small Business
SBA	U.S. Small Business Administration
SBIR	Small Business Innovation Research
SBO	Small Business Office
SBSA	Small Business Set-aside
SBS	Small Business Specialist
SDB	Small Disadvantaged Business
SVOSB	Service-disabled Veteran-owned Small Business
SF	Standard Form
SIC	Standard Industrial Classification
SON	Summary of Negotiation
SOW	Statement of Work
SRA	Scientific Review Administrator
STTR	Small Business Technology Transfer Research

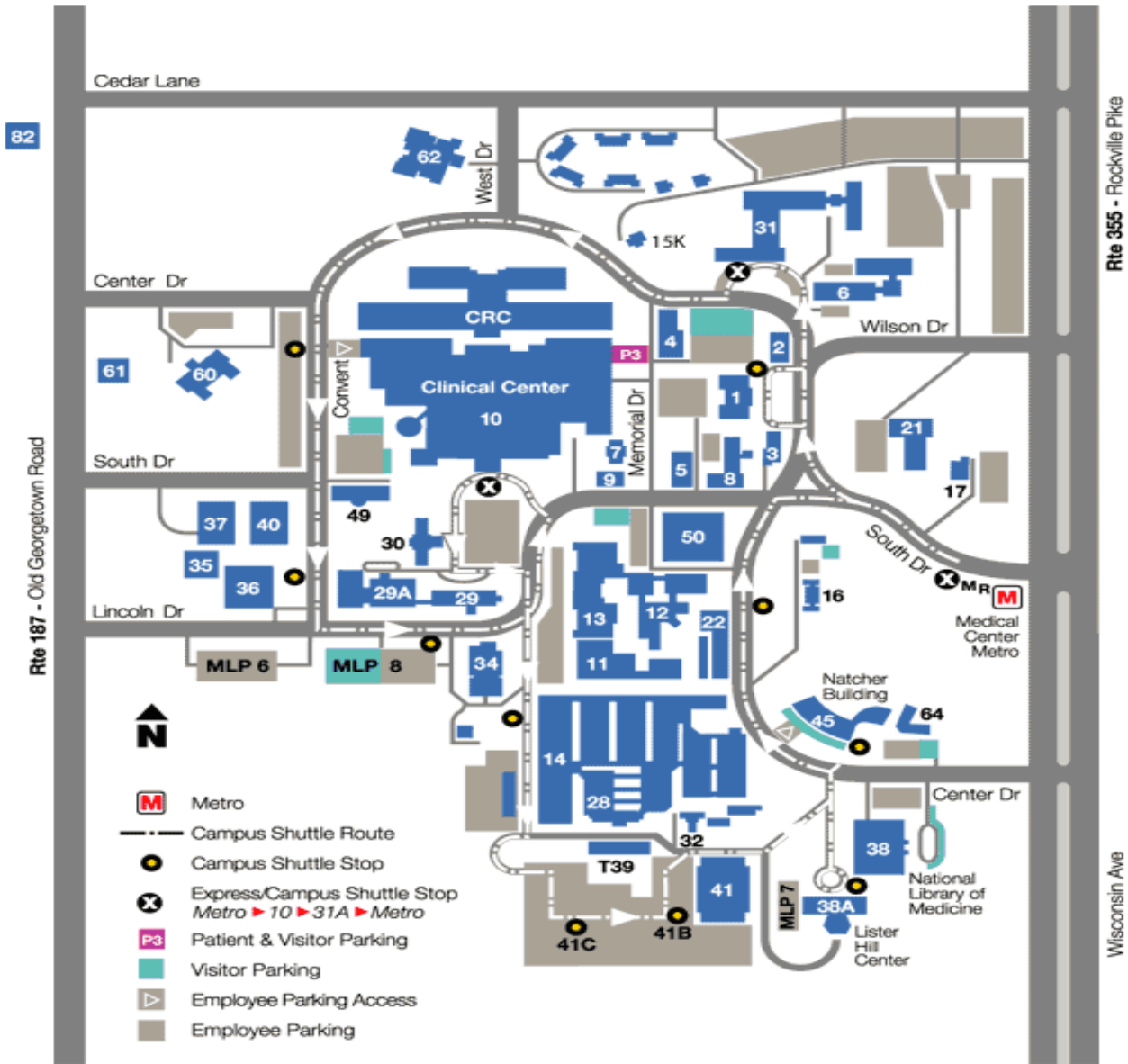
T

TO	Task Order
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UVW

U.S.C.	United States Code
VOB	Veteran-owned Business
VOSB	Veteran-owned Small Business
WHI	Women's Health Initiative
WOB	Woman Owned Business
WYLBUR	No acronym. Interactive system providing simultaneous service to more than 825 terminals or microcomputers.

APPENDIX L MAP OF NIH



Building Key:

- Building 1 — James Shannon Building (NIH Administration)
- Building 10 — Warren Grant Magnuson Clinical Center; Mark Hatfield Clinical Research Center
- Building 11 — Central Utility Plant
- Building 13 — Engineering Services
- Building 16 — Stone House
- Building 31 — Claude D. Pepper Building
- Building 36 — Lowell P. Weicker Building
- Building 38 — National Library of Medicine
- Building 38A — Lister Hill
- Building 40 — Vaccine Research Center
- Building 45 — Natcher Building and Conference Center
- Building 49 — Sylvio Conte Building
- Building 50 — Stokes Laboratories
- Building 60 — Mary Woodard Lasker Center
- Building 62 — The Children's Inn at NIH

NOTES:



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