



Accountable Management Official	
Customer Name	
Job Title	
Address	
City	
State Code	
Zip Code	
Phone	
Fax	
Email	

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

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

I certify that I have completed the required COTR training on _____ Date

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

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



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

3. The package includes the following items:

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

4. Development Modernization or Enhancement Investment and Earned Value Management

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



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

5. Incumbent

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

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

6. Exception to Fair Opportunity to be Considered

Does this order present an exception to fair opportunity to be considered? If yes, indicate FAR Exception and provide rationale. See the CIO-SP2i Ordering Guidelines, Appendix E, for more information.

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



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

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

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

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

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

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

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

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

(Continue as needed to identify all brand names.)

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

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

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

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

Item #	Brand Name	Description
1		
2		

(Continue as needed to identify all brand names.)



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

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

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

9. Performance-Based Statement of Work

Is the Statement of Work performance-based?

Yes	No	Provide rationale if not performance-based (See FAR 7.105 and 37.602-1, and CIO-SP2i Guidelines, Section 2.1.1)
<input type="checkbox"/>	<input type="checkbox"/>	

10. Technical Area(s):

Mark all that apply:

- () 1: Chief Information Officer (CIO) Support
- () 2: Outsourcing
- () 3: IT Operations and Maintenance
- () 4: Integration Services
- () 5: Critical Infrastructure Protection and Information Assurance
- () 6: Digital Government
- () 7: Enterprise Resource Planning (ERP)
- () 8: Clinical Support, Research, and Studies
- () 9: Software Development

11. Anticipated Contract Type

<input type="checkbox"/>	CPAF	Cost Plus Award Fee
<input type="checkbox"/>	CPFF	Cost Plus Fixed Fee
<input type="checkbox"/>	FFP	Firm Fixed Price
<input type="checkbox"/>	T&M	Time & Materials (In accordance with FAR 16.601 (c) a Determination and Findings (D & F) is required when using this contract type. The D & F must be signed by the Contracting Officer.
<input type="checkbox"/>	CS	Cost Sharing



12. Severable/Non-Severable

Does the Statement of Work contain requirements for severable or non-severable services?

<input type="checkbox"/>	Severable	A service is severable if it can be separated into components that independently meet a need of the government. These services are continuing and recurring in nature, such as, help-desk support, maintenance or janitorial services.
<input type="checkbox"/>	Non-Severable	A service is nonseverable if the service produces a single or unified outcome, product, or report that cannot be subdivided for separate performance in different fiscal years.

13. Funding Strategy

Describe funding approach (e.g., fully funded, incrementally funded, options, etc). Describe the proposed funding strategy, e.g., obligated totally with initial task order, or obligated partially via modifications to task order.

Guidance: It is HHS policy that incremental funding may be used in cost-reimbursement type contracts for the acquisition of severable services. Non-severable services cannot be incrementally funded. See the *HHSAR, 12/20/2006, Section 332.702 - Policy* <http://www.hhs.gov/oamp/policies/hssar.doc> and GAO's Red Book (Principles of Federal Appropriations Law, Volume 1): <http://www.gao.gov/special.pubs/d04261sp.pdf> for further guidance. Other agency customers must follow the guidance of their particular agency.

14. Proposal Preparation Instructions

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

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

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

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

- Section 1–Management (15 page limit).
Must address the offeror's management plan including steps for assurance of meeting schedule and budget goals, as well as risk mitigation. Must include experience citation of directly related experience and the resume(s) of any key management individuals, as determined by the offeror.
- Section II–Technical (5 page limit)
Must discuss the offeror's technical approach to satisfying the requirements of the task order. Special emphasis should be placed on unique aspects of the approach and how the application of these unique approaches has been successful on other directly related experience of the offeror.
- Section III - Cost (no page limit)



15. Proposal Delivery Instructions:

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

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

16. Attachments

Please list titles of attached documents.

Statement of Work
Independent Government Cost Estimate

17. How did you hear about NITAAC?

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