

STANDARD COMPETITION FORM

Agency: DEPT OF HEALTH AND HUMAN SERVICES
 Competition Number: NA
 Competition Location: BETHESDA, MD
 Solicitation Closing Date: 8/5/2006

Agency Component: NATIONAL INSTITUTES OF HEALTH
 Competition Title: STANDARD COMPETITION - NIH

Solicitation Number: NIH STD COMP

COST OF AGENCY PERFORMANCE

NOTE: First Performance Period is designated as a Phase-In Period

Performance Periods	Line 1 Personnel Costs	Line 2 Material and Supply Costs	Line 3 Other Specifically Attributable Costs	Line 4 Overhead Costs	Line 5 Additional Costs	Total Cost of Agency Performance	Line 6
1 10/1/2006 12/31/2006	70,714	12,661	38,400	8,486	0	130,261	
2 1/1/2007 12/31/2007	292,109	51,321	155,629	35,053	0	534,112	
3 1/1/2008 12/31/2008	295,893	52,399	158,883	35,507	0	542,682	
4 1/1/2009 12/31/2009	299,059	53,500	162,198	35,887	0	550,644	
5 1/1/2010 12/31/2010	302,588	54,623	165,585	36,311	0	559,107	
6 1/1/2011 12/31/2011	306,265	55,770	169,043	36,752	0	567,830	
Totals	1,566,628	280,274	849,738	187,996	0	2,884,636	

AGENCY TENDER CERTIFICATION:

requirements of the solicitation; (3) includes an agency cost estimate that is accurate and calculated in accordance with OMB Circular A-76; and (4) has the approval of the agency, allowing for implementation of the organizational structure, the personnel requirements, capital investments, and budgetary requirements.

Agency Tender Official's Signature: _____

Date: _____

Printed Full Name:	Title:	Phone #:
Agency (Component):		

COST OF PUBLIC REIMBURSABLE PERFORMANCE

NOTE: First Performance Period is designated as a Phase-In Period

Performance Periods			Line 1a Personnel Costs	Line 2a Material and Supply Costs	Line 3a Other Specifically Attributable Costs	Line 4a Overhead Costs	Line 5a Additional Costs	Line 6a Total Cost of Public Reimbursable Performance
1	10/1/2006	12/31/2006	0	0	0	0	0	0
2	1/1/2007	12/31/2007	0	0	0	0	0	0
3	1/1/2008	12/31/2008	0	0	0	0	0	0
4	1/1/2009	12/31/2009	0	0	0	0	0	0
5	1/1/2010	12/31/2010	0	0	0	0	0	0
6	1/1/2011	12/31/2011	0	0	0	0	0	0
Totals			0	0	0	0	0	0

PUBLIC REIMBURSABLE TENDER CERTIFICATION:

I certify, to the best of my knowledge, that this public reimbursable tender (1) meets the requirements of the solicitation; (2) reflects an organization that is fully capable of performing the requirements of the solicitation; (3) includes a cost estimate that is accurate and calculated in accordance with OMB Circular A-76; and (4) has the approval of my agency, allowing for implementation of the organizational structure, the personnel requirements, capital investments, and budgetary requirements.

Official's Signature: _____

Date: _____

Printed Full Name:	Title:	Phone #:
Agency (Component):		

ADJUSTED COST OF PRIVATE SECTOR OR PUBLIC REIMBURSABLE PERFORMANCE

NOTE: First Performance Period is designated as a Phase-In Period

Performance Periods		Line 7 Private Sector Price or Public Reimbursable Cost Estimate	Line 8 Contract Administration Costs	Line 9 Additional Costs	Line 10 One-Time Conversion Costs	Line 11 Gain From Disposal or Transfer of Assets	Line 12 Federal Income Tax Adjustment	Line 13 Total Adjusted Cost of Private Sector or Public Reimbursable Performance
1	10/1/2006 12/31/2006	0	11,894	0	0	0	0	11,894
2	1/1/2007 12/31/2007	0	49,133	0	10,994	0	0	60,127
3	1/1/2008 12/31/2008	0	51,337	0	0	0	0	51,337
4	1/1/2009 12/31/2009	0	53,346	0	0	0	0	53,346
5	1/1/2010 12/31/2010	0	55,587	0	0	0	0	55,587
6	1/1/2011 12/31/2011	0	57,922	0	0	0	0	57,922
Totals		0	279,219	0	10,994	0	0	290,213

DECISION CALCULATIONS

Line 14. Conversion Differential	(Line 1 Total x 10%)	156,663
Line 15. Adjusted Total Cost of Agency Performance	(Line 6 Total)	2,884,636
Line 16. Adjusted Total Cost of Private Sector or Public Reimbursable Performance	(Line 13 Total + Line 14 Total)	446,876
Line 17. Cost Difference	(Line 16 - Line 15)	0
Line 18. LOW-COST PROVIDER	<input type="checkbox"/> Agency Provider <input type="checkbox"/> Private Sector Provider <input type="checkbox"/> Public Reimbursable Provider	

PERFORMANCE DECISION

SEALED BID ACQUISITION

CONTRACTING OFFICER'S CERTIFICATION:

I certify that, to the best of my knowledge (1) the agency tender meets the requirements of the solicitation; (2) the private sector offer meets the requirements of the solicitation, the offeror is responsible and the contract price is reasonable [include only if a contract price is entered on Line 7], or the public reimbursable tender meets the requirements of the solicitation [include only if a public reimbursable cost estimate is entered on both SCF Line 6a and 7]; and (3) the costs on SCF Lines 8-18 are accurate and calculated in accordance with OMB Circular A-76; and (4) the performance decision is a low-cost decision supported by SCF Line 17.

Contracting Officer's Signature: _____

Date: _____

<i>Printed Full Name:</i>	<i>Title:</i>	<i>Phone #:</i>
<i>Agency (Component):</i>		

NEGOTIATED ACQUISITION

CONTRACTING OFFICER'S CERTIFICATION:

I certify that price analysis and cost realism (as defined in FAR Part 2) was performed on all offers and tenders; and that, to the best of my knowledge (1) the agency tender meets the requirements of the solicitation; (2) the agency cost estimate reflected on SCF Lines 1-6 is accurate and calculated in accordance with OMB Circular A-76; (3) the private sector offer meets the requirements of the solicitation, the offeror is responsible, and the contract price is reasonable [include only when a contract price(s) is entered on Line 7] and/or the public reimbursable tender meets the requirements of the solicitation and the cost estimate reflected on SCF Lines 1a-6a is accurate and calculated in accordance with OMB Circular A-76 [include only when a public reimbursable cost estimate is entered on SCF Line 6a]; and (4) the costs on SCF Lines 8-18 are accurate and calculated in accordance with OMB Circular A-76.

Contracting Officer's Signature: _____

Date: _____

<i>Printed Full Name:</i>	<i>Title:</i>	<i>Phone #:</i>
<i>Agency (Component):</i>		

SOURCE SELECTION AUTHORITY'S CERTIFICATION:

FOR A LOW-COST PERFORMANCE DECISION:

I certify that the performance decision on SCF Line 18 is (1) based on evaluating offers and tenders in accordance with Attachment B to OMB Circular A-76, and (2) a low-cost performance decision supported by SCF Line 17.

Source Selection Authority's Signature: _____

Date: _____

Printed Full Name:	Title:	Phone #:
Agency (Component):		

FOR AN OTHER-THAN-LOW-COST PERFORMANCE DECISION:

I certify that the performance decision on this SCF is (1) based on evaluating offers and tenders in accordance with Attachment B to OMB Circular A-76, and (2) an other-than-low-cost performance decision is supported by my source selection decision document as summarized below.

Summary of Source Selection Decision Document: _____ Date: _____

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Narrative of Trade-offs Performed: _____ Date: _____

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Rationale for an Other-Than-Low-Cost Provider:

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Source Selection Authority's Signature: _____

Date: _____

Printed Full Name:	Title:	Phone #:
Agency (Component):		