



Assisted Acquisition Services Request (AASR)

I. Requesting Agency: _____

Point of Contact Name / Phone: _____

Point of Contact Email: _____

Point of Contact Address

II. Servicing Agency: NIH Information Technology Acquisition and Assessment Center

III. Requirement Title: _____

IV. Requirement Purpose and Scope:

Estimated total value: \$ _____ with a _____ total POP.

Base Period	Period 2	Period 3	Period 4	Period 5	Totals
Months: _____	Months: _____	Months: _____	Months: _____	Months: _____	Months: _____
\$	\$	\$	\$	\$	\$

Note: If including more than one project, each project must have an estimated POP and amount. Please attached a separate document with this information.

1. Has any market research been conducted? Yes No



a. Identify the type of market research that was conducted, and when it was done:

2. Which GWAC does the Requesting Agency anticipate using?
 CIO-CS CIO-SP3 CIO-SP Small Unknown

3. Is there an incumbent contractor currently providing these products or services?
 No
 Yes: Incumbent Name: _____ Expiration Date: _____
 Contract/Order Number: _____
 Full and Open Small Business Set-Aside

4. Identify the Budget/Finance Point of Contact Name / Phone / Email:

5. Identify the funding codes associated with the Requesting Agency. *These codes ensure that the Requesting Agency receives credit for the award in FPDS-NG.*

a. Program/Funding Agency Code (e.g.: 7529 NIH): _____
 b. Program/Funding Office Code: (e.g.: 00316): _____

6. When are the proposed products / services desired? _____

7. What is the desired contract type? Firm Fixed Price Time & Materials
 Labor Hour Cost Reimbursement Hybrid

V. Identify Current Procurement Office:

1. Is the Requesting Agency currently assigned to a procurement office (PO)?
 Yes: What PO is the RA currently assigned to: _____
 No



2. Did the Requesting Agency approach their current PO about this work first?

Yes

No: Why not:

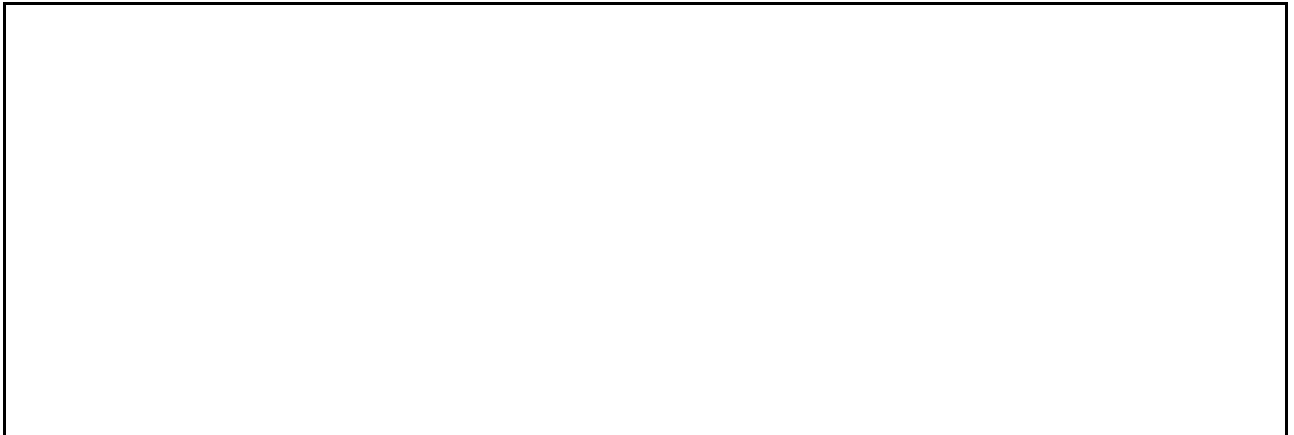
3. Did the Requesting Agency's current PO decline the opportunity to complete the procurement?

Yes, Requesting Agency PO declined the opportunity.

No, Requesting Agency PO did not decline the opportunity.

4. Why does the Requesting Agency want NITAAC to provide procurement services?

5. What exactly did the Requesting Agency's current Procurement Office say about their ability/inability to handle this work?



VI. Duties and Responsibilities:

1. Acquisition Planning: *Determine needs and develop requirements document.*

a. Requesting Agency:

- i. Establish that a requirement exists.
- ii. Provide documentation to the Servicing Agency, which must be in the form of a Statement of Work (SOW), Statement of Objectives (SOO), Performance Work Statement (PWS), or a set of detailed specifications, that includes a specific, definite, and clear description of a bona fide need in the fiscal year that the funds are available for new obligations. The need must be adequately documented.
- iii. Initiate acquisition planning as soon as a need is identified and involve the Servicing Agency, as appropriate, in the planning process.

b. Servicing Agency:

- i. Assist the Requesting Agency in refining the requirements document package, including the description of key project objectives, unique project requirements, and performance expectations.
- ii. Inform the Requesting Agency the number of Full Time Equivalent (FTEs) that will be devoted to the requirement. For the current procurement, it is estimated that 1 FTE will be assigned.



VII. Approval Request:

The NITAAC Assisted Acquisition Services Office is formally requesting approval to process this assisted acquisition under the NIH GWACs. If approved, an MOA will be established to outline the minimum levels of management duty and responsibility for the _____ office and NITAAC. The terms and conditions of this agreement become effective when signed by authorized officials of both agencies and will remain effective through the end of the contracts period of performance, unless amended or terminated.

_____ Gregory D. Holliday Acting Assisted Acquisition Lead NIH Information Technology Acquisition Assessment Center	_____ Date
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VIII. Determination:

We the undersigned, hereby approve/disapprove this Assisted Acquisition Services request.

Approved Not Approved

_____ Brian K. Goodger Director NIH Information Technology Acquisition Assessment Center	_____ Date
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Approved Not Approved

_____ Brian K. Goodger Acting Associate Director NIH Office of Logistics and Acquisition Operations	_____ Date
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