



**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: _____	<b>Months: _____</b>
\$	\$	\$	\$	\$	\$

*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-SP3 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): \_\_\_\_\_
  - c. Program/Funding Office Zip+4 Code (e.g., 20705-4432): \_\_\_\_\_
  
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
  
8. Address each of the following:
  - a. Is the work classified?     Yes     No
  - b. Are the work products/deliverables classified?     Yes     No
  - c. Will the contractor have access to classified information?     Yes     No



9. Does the contractor need a facility security clearance (FCL)?  Yes  No

**V. Identify Current Procurement Office:**

1. Is the Requesting Agency (RA) 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 of the number of Full Time Equivalents (FTEs) that will be devoted to the requirement. For this procurement action 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 RA \_\_\_\_\_ 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 contract’s period of performance, unless amended or terminated.

<p>_____</p> <p><b>Gregory D. Holliday</b> Acting Assisted Acquisition Lead NIH Information Technology Acquisition and Assessment Center</p>	<p>_____</p> <p>Date</p>
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**VIII. Determination:**

The undersigned, hereby approves/disapproves this Assisted Acquisition Services request.

Approved       Not Approved

<p>_____</p> <p><b>Ricky Clark</b> Acting Director NIH Information Technology Acquisition and Assessment Center</p>	<p>_____</p> <p>Date</p>
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