

## **Assisted Acquisition Services Request (AASR)**

| F | Requesting               | agency:                                      |          |        |  |              |
|---|--------------------------|--|----------|--------|--|--------------|
|   | Point of Co              | ontact Name / F                              | Phone:   |        |  | <del> </del> |
|   | Point of Co              | ontact Email:                                |          |        |  |              |
|   | Point of Contact Address |  |          |        |  |              |
|   |                          |  |          |        |  |              |
|   |                          |  |          |        |  |              |
|   |                          |  |          |        |  |              |
|   |                          |  |          |        |  |              |
|   |                          |  |          |        |  |              |
| R | Requireme                |  |          |        |  |              |
| F | Requireme                | nt Title:<br>nt Purpose an                   |          |        |  |              |
| R | Requireme                | nt Title:<br>nt Purpose an                   | d Scope: |        |  |              |
| F | Requireme                | nt Title:<br>nt Purpose an                   | d Scope: |        |  |              |
| R | Requireme<br>Requireme   | nt Title:<br>nt Purpose an<br>otal value: \$ | d Scope: | with a |  | _ total POP. |

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|    | <b>a.</b> Identify the type of market research that was conducted, and when it was done:                                 |
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| 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: 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.  |
|    | <ul><li>a. Program/Funding Agency Code (e.g., 7529 NIH):</li><li>b. Program/Funding Office Code (e.g., 00316):</li></ul> |
|    | 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>b.</b> Are the work products/deliverables classified? $\square$ Yes $\square$ No                                      |
|    | <b>c</b> . Will the contractor have access to classified information? $\Box$ Yes $\Box$ No                               |

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|    | 9.  | Does the contractor need a facility security clearance (FCL)? ☐ Yes ☐ No  |  |  |  |  |  |
|----|-----|---|--|--|--|--|--|
| V. | lde | 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?   |  |  |  |  |  |
|    |     |   |  |  |  |  |  |
|    |     |   |  |  |  |  |  |

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

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## VII. Approval Request:

| this assisted acquisition outline the minimum longitude office and NITAAC. The signed by authorized       | Acquisition Services Office is formally on under the NIH GWACs. If approved, evels of management duty and responsion the terms and conditions of this agree officials of both agencies and will remand performance, unless amended or term | an MOA will be established to ibility for the RAement become effective when in effective through the end of |
|---|--|---|
| Gregory D. Hollid<br>Acting Assisted Acting Assisted Acting Assisted Acting Assisted Acting Acting Center |  | Date  |
| <b>VIII. Determination:</b><br>The undersigned, her   | eby approves/disapproves this Assisted   | Acquisition Services request.   |
| □Approved   | ☐ Not Approved   |   |
| Ricky Clark Director NIH Information To   | echnology Acquisition and Assessment   | Date  |

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