

STANDARD COMPETITION FORM

Agency: DEPT OF HEALTH AND HUMAN SERVICES

Agency Component: NIH

Competition Number: NA

Competition Title: TEST

Competition Location: BETHESDA, MD

Solicitation Closing Date: Not Specified

Solicitation Number: Not Specified

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	Line 6 Total Cost of Agency Performance
1	8/1/2006 9/30/2006	29,084	7	62,991	962	1,050	94,094
2	10/1/2006 9/30/2007	49,445	2,553	216,075	5,933	1,072	275,078
3	10/1/2007 9/30/2008	50,026	2,606	231,214	6,003	1,095	290,944
4	10/1/2008 9/30/2009	50,026	2,661	225,224	6,003	1,118	285,032
5	10/1/2009 9/30/2010	50,026	2,717	229,941	6,003	1,141	289,828
6	10/1/2010 9/30/2011	50,026	2,774	404,520	6,003	1,165	464,488
Totals		278,633	13,318	1,369,965	30,907	6,641	1,699,464

AGENCY TENDER CERTIFICATION:

I certify, to the best of my knowledge, that this agency tender (1) meets the requirements of the solicitation; (2) reflects a most efficient organization (MEO) that is fully capable of performing the 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: Mr. John Doe	Title: ATO	Phone #: (301) 555-5555
Agency (Component): NIH		

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	8/1/2006	9/30/2006	0	0	0	0	0	0
2	10/1/2006	9/30/2007	0	0	0	0	0	0
3	10/1/2007	9/30/2008	0	0	0	0	0	0
4	10/1/2008	9/30/2009	0	0	0	0	0	0
5	10/1/2009	9/30/2010	0	0	0	0	0	0
6	10/1/2010	9/30/2011	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
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No Satisfactory Private Sector or Public Reimbursable Source

DECISION CALCULATIONS

Line 14. Conversion Differential	NA	0	
Line 15. Adjusted Total Cost of Agency Performance	(Line 6 Total)	1,699,464	
Line 16. Adjusted Total Cost of Private Sector or Public Reimbursable Performance	NA	0	
Line 17. Cost Difference	(Line 15 Total)	1,699,464	
Line 18. LOW-COST PROVIDER	<input checked="" 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: _____

Printed Full Name: Ms. Jane Smith	Title: CO	Phone #: (301) 555-5555
Agency (Component): NIH		

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: _____

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

Printed: 3/29/2006 8:24:52 AM (Version 2.1a)

Competition No: NA

PROCUREMENT SENSITIVE

Not releasable until resolution of all contests or expiration of the time for filing a contest (OMBC A-76 Attachment B, D.6.e)

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):		