**583**

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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS AND CONTRACTS.)\*\*\*\* |

**PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS**

**584**

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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS AND CONTRACTS.)\*\*\*\* |

**SECTION J - LIST OF ATTACHMENTS**

**585**

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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*\*  **Note:** *If an Attachment listed below is NOT appropriate for the Solicitation, do not select it. If an attachment is required in the Solicitation but is NOT listed below, you will need to add it to this listing in the appropriate section.* |

The following documents are incorporated into this RFP:

**582.1**

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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\* |

**SOLICITATION ATTACHMENTS**

| **Attachment No.** | **Title** | **Location** |
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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS BY OFFICES OF ACQUISITION THAT CURRENTLY USE THE NIH ELECTRONIC CONTRACT PROPOSALS SUBMISSION (eCPS) WEBSITE.)\*\*\*\*   **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM**   1. The Contract Specialist must specify the applicable clause under Section I.4.a. and must specify the Technical Proposal page limit under Section II.B. 2. It is recommended that you thoroughly read this attachment as it relates to the packaging and delivery of proposals with the NIH Electronic Contract Proposals Submission (eCPS) website. 3. Access this Attachment from the Workform Attachments Page: <https://oamp.od.nih.gov/DGS/DGS-workform-information/attachment-files>under Solicitation Attachments. | | |
| Attachment 1: | Packaging and Delivery of Proposals for Use with the NIH electronic Contract Proposal Submission (eCPS) Website |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. Fill out the appropriate form from the Attachment Files - Section J:  [http://oamp.od.nih.gov/DGS/DGS-workform-information/attachment-files.](%20http://oamp.od.nih.gov/DGS/DGS-workform-information/attachment-files.%20)  under Solicitation Attachments. 2. Save the file. 3. Upload this file using the Attachment Manager. | | |
| Attachment 2: | Packaging and Delivery of Proposal (2 locations) |  |
| Attachment 3: | Packaging and Delivery of Proposal (1 location) |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. Complete the following fields of the Proposal Intent Response Sheet from the Attachment Files - Section J Page on the OAMP Internet site:<https://oamp.od.nih.gov/DGS/DGS-workform-information/attachment-files> under RFP Attachments:    * **RFP No.**    * **RFP Title**    * Select either a **Receipt Date** or indicate that intent forms are due at  **"earliest practical date,"**  in the combo box located in the first paragraph of the form. 2. Save the file. 3. Upload this file using the Attachment Manager. | | |
| Attachment 4: | Proposal Intent Response Sheet |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. It is recommended that you convert and save your SOW file into PDF format. 2. Upload the SOW file using the Attachment Manager. | | |
| Attachment 5: | Statement of Work |  |
| \*\*\*\*(USE WHEN THE GOVERNMENT WILL PROVIDE GOVERNMENT FURNISHED PROPERTY TO BE USED IN THE RESULTANT CONTRACT.)\*\*\*\* | | |
| Attachment 6: | Government Furnished Property |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. Access this Form from the Workform Attachments Page:<https://oamp.od.nih.gov/DGS/DGS-workform-information/attachment-files>under RFP Attachments. 2. **Annual Representations and Certifications,** FAR Clause 52.204-8): Fill out subparagraph (c)(2) of this clause. 3. Save the File. 4. Upload this file using the Attachment Manager. | | |
| Attachment 7: | Section K - Representations, Certifications, and Other Statements of Offerors |  |
| \*\*\*\*(USE BELOW WHEN AN OFFEROR WILL REQUIRE ACCESS TO SENSITIVE INFORMATION IN ORDER TO PREPARE AN OFFER.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Nondisclosure.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Nondisclosure.pdf) | | |
| Attachment 8: | Information Technology Systems Security - Prospective Offeror Non-Disclosure Agreement |  |
| \*\*\*\*(USE FOR A PERFORMANCE BASED (PBA) REQUIREMENT WHERE INCENTIVE IS TIED TO FEE.)\*\*\*\*  Access this form from the Workform Attachments Page at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j)  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. It is recommended that you convert and save your QASP file into PDF format. 2. Upload the QASP using the Attachment Manager. | | |
| Attachment 9: | Quality Assurance Surveillance Plan |  |
| \*\*\*\*(USE FOR A PERFORMANCE BASED (PBA) REQUIREMENT USING AN "AWARD TERM" INCENTIVE.)\*\*\*\*  Additional information on the Contractor Performance Assessment Reporting System (CPARS) found at: [https://www.cpars.gov/documents/CPARS-Guidance.pdf.](https://www.cpars.gov/documents/CPARS-Guidance.pdf)  **ADDITIONAL INSTRUCTIONS TO COMPLETE THIS ITEM:**   1. It is recommended that you convert and save the "Contractor Assessment Report/ Performance Indicators and Standards" file into PDF format. 2. Upload using the Attachment Manager. | | |
| Attachment 10: | Contractor Assessment Report/Performance Indicators and Standards |  |

**582.2**

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| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\* |

**TECHNICAL PROPOSAL ATTACHMENTS**

| **Attachment No.** | **Title** | **Location** |
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| \*\*\*\*(USE IN ALL SOLICITATIONS THAT INVOLVE HUMAN SUBJECTS IN CLINICAL TRIALS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 11: | Inclusion Enrollment Report included in PHS Human Subjects and Clinical Trials Information Form (Study Record Form) |  |
| \*\*\*\*(USE IN SOLICITATIONS THAT WILL UNDERGO PEER REVIEW.)\*\*\*\*  **Note:** *This form may be included in any other solicitation at the discretion of the Contracting Officer.*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Tech-Prop-Cost-Summ.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Tech-Prop-Cost-Summ.pdf) | | |
| Attachment 12: | Technical Proposal Cost Summary |  |
| \*\*\*\*(USE IN ALL SOLICITATIONS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/summary-related-activities.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/summary-related-activities.pdf) | | |
| Attachment 13: | Summary of Related Activities |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS THAT INVOLVE HUMAN SUBJECTS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 14: | Protection of Human Subject Assurance Identification/IRB Certification/Declaration of Exemption, OMB Form No. 0990-0263 (Formerly Optional Form 310) |  |
| \*\*\*\*(USE BELOW IN R&D SOLICITATIONS INVOLVING LIVE VERTEBRATE ANIMALS (INCLUDING THEIR USE AS A SOURCE OF TISSUES.)\*\*\*\*  Access this form at: [https://grants.nih.gov/grants/olaw/vascontracts.pdf.](https://grants.nih.gov/grants/olaw/vascontracts.pdf) | | |
| Attachment 15: | Contract Proposal Vertebrate Animal Section (VAS) Worksheet |  |
| \*\*\*\*(USE BELOW IN SOLICITATIONS IN ACCORDANCE WITH HHSAR 339, WHICH WILL DEVELOP, PURCHASE, MAINTAIN, OR USE ELECTRONIC AND INFORMATION TECHNOLOGY (EIT) PRODUCTS AND SERVICES, INCLUDING EIT DELIVERABLES SUCH AS ELECTRONIC DOCUMENTS AND REPORTS, UNLESS THE EIT PRODUCTS AND/OR SERVICES ARE INCIDENTAL TO THE PROJECT.)\*\*\*\*  **NOTE:** *Other exceptions to this requirement can be found at FAR 39.204.*  **IMPORTANT NOTE Regarding Electronic Report Submission requirements:**  When the only EIT product required under the contract is the submission of electronic reports/deliverables AND the Contracting Officer and Project Officer have documented in the AP that:   * the required electronic reports/deliverables are considered incidental to the contract in accordance with 36 CFR 1194.3, FAR 39.204(c) and HHS Section 508 policy at 4.3.3; and, * the contract will require submission in a 508 compliant format. * Section 508 is not applicable to the contract and this item is not required.   The previous HHS Section 508 Evaluation Template Product Accessibility Template (PAT) was updated. Information and form located at: [https://www.section508.gov/sell/vpat/.](https://www.section508.gov/sell/vpat/) | | |
| Attachment 16: | Voluntary Product Accessibility Template (VPAT) |  |

**582.3**

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| \*\*\*\*(USE IN ALL SOLICITATIONS.)\*\*\*\* |

**BUSINESS PROPOSAL ATTACHMENTS**

| **Attachment No.** | **Title** | **Location** |
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| \*\*\*\*(USE IN ALL SOLICITATIONS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/NIH2043.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/NIH2043.pdf) | | |
| Attachment 17: | Proposal Summary and Data Record, NIH-2043 |  |
| \*\*\*\*(USE IN SOLICITATIONS OVER $750,000 (OR $1.5 Million for construction of Public Facilities) when the FAR Clause 52.219-9 Small Business Subcontracting Plan is incorporated or referenced in the Solicitation.)\*\*\*\*  **Note:** An offeror must submit their respective subcontracting plan electronically using the U.S. Department of Health and Human Services (HHS) Small Business Customer Experience (SBCX) system at<https://osdbu.hhs.gov>. The form will be generated by the portal when the offerors submit their information for each specific proposal. The offeror shall follow the instructions outlined in the SBCX Industry Guide .  **Note:**  Any resulting contract will require submission of Individual/Summary Subcontracting Report(s) (ISR/SSR) electronically via the Subcontracting Reporting System (eSRS) at<https://www.esrs.gov/>.  **Note:** This item **DOES NOT APPLY** to Small Businesses.  Access the Industry Guide at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 18: | Small Business Subcontracting Plan |  |
| \*\*\*\*(USE IN ALL SOLICITATIONS UNLESS AWARD IS BASED ON ADEQUATE PRICE COMPETITION.)\*\*\*\*  See FAR 15.403-1.  Access these forms at: [https://oamp.od.nih.gov/content/breakdown-proposed-estimated-cost-plus-fee-and-labor-hours](%20https://oamp.od.nih.gov/content/breakdown-proposed-estimated-cost-plus-fee-and-labor-hours%20)  and <https://oamp.od.nih.gov/sites/default/files/DFASDocs/buscntrctprpslsprdsht08-2014_508.xlsx>. | | |
| Attachment 19: | Breakdown of Proposed Estimated Costs (plus fee) w/Excel Spreadsheet |  |
| \*\*\*\*(USE AS DESIRED. THIS FORM IS OPTIONAL.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/point-of-contact.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/point-of-contact.pdf) | | |
| Attachment 20: | Offeror's Points of Contact |  |
| \*\*\*\*(USE WHEN CERTIFIED COST OR PRICING DATA IS REQUIRED.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/cert-current-cost.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/cert-current-cost.pdf) | | |
| Attachment 21: | Certificate of Current Cost or Pricing Data |  |
| \*\*\*\*(USE WHEN SERVICE CONTRACT LABOR STANDARDS APPLIES AND A WAGE RATE DETERMINATION IS NEEDED.)\*\*\*\*  **ADDITIONAL INFORMATION TO COMPLETE THIS ITEM:**   1. To get most current Wage Rate Agreement, go to Wage Determinations on-line at: [https://sam.gov/content/wage-determinations.](https://sam.gov/content/wage-determinations)  Save the file and upload it here. 2. Make sure to indicate the area covered by the Wage Rate Determination attached. | | |
| Attachment 22: | Wage Rate Determination |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS WITH AN EXPECTED CONTRACT VALUE OVER $100,000.)\*\*\*\* Access this form at: [https://www.gsa.gov/forms-library/disclosure-lobbying-activities.](https://www.gsa.gov/forms-library/disclosure-lobbying-activities) | | |
| Attachment 23: | Disclosure of Lobbying Activities, OMB Form SF-LLL |  |

**582.4**

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| \*\*\*\*(USE IN ALL SOLICITATIONS.)\*\*\*\* |

**INFORMATIONAL ATTACHMENTS**

| **Attachment No.** | **Title** | **Location** |
| --- | --- | --- |
| \*\*\*\*(USE WHEN RESULTANT CONTRACT USE WORK ASSIGNMENTS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/wkassign.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/wkassign.pdf) | | |
| Attachment 24: | Sample Work Assignment |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 25: | Invoice/Financing Request Instructions-CR-NIH(RC)-1 |  |
| \*\*\*\*(USE FOR ALL NIDA SOLICITATIONS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 26: | NIDA Supplemental Billing Instructions, Exhibit A to NIH(RC)-1 |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 27: | Invoice Instructions for NIH Fixed Price Contracts NIH(RC)-2 |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 28: | Invoice/Financing Request and Contract Financial Reporting Instructions--Cost Reimbursement, NIH(RC)-4 |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*  Access this form at: [http://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/NIH2706.pdf.](http://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/NIH2706.pdf) | | |
| Attachment 29: | Financial Report of Individual Project/Contract NIH 2706 |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/instructions2706.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/instructions2706.pdf) | | |
| Attachment 30: | Instructions for Completing Form NIH 2706 |  |
| \*\*\*\*(USE AS REQUIRED. MAKE SURE TO INCLUDE THE APPLICABLE SYSTEM OF RECORDS NUMBER IN THE SPACE PROVIDED.)\*\*\*\*  Access this form at: [https://www.hhs.gov/foia/privacy/sorns/nih-sorns.html.](https://www.hhs.gov/foia/privacy/sorns/nih-sorns.html) | | |
| Attachment 31: | Privacy Act System of Records |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT WILL INVOLVE HAZARDOUS MATERIALS OR OPERATIONS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/FORMS/hhsar\_352.223-70\_safety\_and\_health\_508.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/FORMS/hhsar_352.223-70_safety_and_health_508.pdf) | | |
| Attachment 32: | Safety and Health, HHSAR Clause 352.223-70 |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT WILL INVOLVE PATIENT CARE.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/rc11.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/rc11.pdf) | | |
| Attachment 33: | Research Patient Care Costs, NIH(RC)-11 |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT WILL INVOLVE HUMAN SUBJECTS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 34: | PHS Human Subjects and Clinical Trials Information Form |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT WILL INVOLVE HUMAN SUBJECTS AND MEETS THE NIH DEFINITION FOR CLINICAL RESEARCH.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 35: | Inclusion Enrollment Report included in PHS Human Subjects and Clinical Trials Information Form (Study Report Form) |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS AND CONTRACTS THAT INVOLVE HUMAN SUBJECTS, INCLUDING RESEARCH INVOLVING HUMAN SPECIMENS, SAMPLES, AND/OR DATA.)\*\*\*\*  Access this form at:  [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j)    SEE NIH NOTICE NOT-OD-22-001, NIH Implementation of the Revised Common Rule Provision Regarding Public Health Surveillance Activities Deemed Not to Be Research at: [https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-001.html.](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-001.html) | | |
| Attachment 36: | Public Health Surveillance Exclusion Request |  |
| \*\*\*\*(USE AS REQUIRED.)\*\*\*\*                                      To be determined during negotiations. | | |  |
| Attachment 37: | Government Property Schedule |  |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT IS SUBJECT TO IT SECURITY REQUIREMENTS.)\*\*\*\*  Access this form at: [https://ocio.nih.gov/aboutus/publicinfosecurity/acquisition/Documents/Nondisclosure.pdf.](https://ocio.nih.gov/aboutus/publicinfosecurity/acquisition/Documents/Nondisclosure.pdf) | | |
| Attachment 38: | Commitment to Protect Non-Public Information Contractor Agreement |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT IS SUBJECT TO IT SECURITY REQUIREMENTS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 39: | Roster of Employees Requiring Suitability Investigations |  |
| \*\*\*\*(USE WHEN THE RESULTANT CONTRACT IS SUBJECT TO IT SECURITY REQUIREMENTS.)\*\*\*\*  Access this form at: [https://ocio.nih.gov/aboutus/publicinfosecurity/acquisition/Documents/Emp-sep-checklist.pdf.](https://ocio.nih.gov/aboutus/publicinfosecurity/acquisition/Documents/Emp-sep-checklist.pdf) | | |
| Attachment 40: | Employee Separation Checklist |  |
| \*\*\*\*(USE FOR PROJECTS THAT REQUIRE THE USE OF AN EARNED VALUE MANAGEMENT SYSTEM (EVMS).)\*\*\*\*  Select the applicable format(s) based on the designated tier for the requirement. Access the forms as follows: Format 1: Work Breakdown Structure   [https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-1.pdf.](https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-1.pdf)     Format 2: Organizational Categories  [http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-2.pdf.](http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-2.pdf)     Format 3: Baseline  [https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-3.pdf.](https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-3.pdf)      Format 4: Staffing   [https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-4.pdf.](https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-4.pdf)      Format 5: Explanations and Problem Analyses  [https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-5.pdf.](https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2734-5.pdf) | | |
| Attachment 41: | Contract Performance Reports (EVM) |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS FOR CONFERENCES WHEN REGISTRATION FEES WILL BE CHARGED AND COLLECTED.)\*\*\*\*  Contractor Pre-Conference Expense Offset Worksheet, 1 page. Located at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Pre-Conf-worksheet.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Pre-Conf-worksheet.pdf)  Post Conference Expense Offset Worksheet, 2 pages. Located at: [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Post-Conf-worksheet.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/Post-Conf-worksheet.pdf) | | |
| Attachment 42: | Conference Expense Offset Worksheets |  |
| \*\*\*\* USE BELOW IN SOLICITATIONS THAT INCLUDE THE SALE OF RESEARCH SUBSTANCES AND/OR LIVING ORGANISMS.)\*\*\*\*  Access this form at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j.](https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/attachment-files-section-j) | | |
| Attachment 43: | The Sale of Research Substances and/or Living Organisms |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS THAT INVOLVE HUMAN FETAL TISSUE OBTAINED FROM ELECTIVE ABORTIONS.)\*\*\*\* | | |
| NIH requires offerors to address Human Fetal Tissue (HFT) requirements by providing a justification for the use of HFT obtained from elective abortions, details regarding procurement and costs, and information about how the offeror will use HFT obtained from elective abortions.  Located at:  [https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/HUMAN%20FETAL%20TISSUE%20OBTAINED%20FROM%20ELECTIVE%20ABORTIONS%20JUSTIFICATION%20Final.pdf.](https://oamp.od.nih.gov/sites/default/files/DGS/contracting-forms/HUMAN%20FETAL%20TISSUE%20OBTAINED%20FROM%20ELECTIVE%20ABORTIONS%20JUSTIFICATION%20Final.pdf) | | |
| Attachment 44: | Human Fetal Tissue Obtained From Elective Abortions Justification |  |
| \*\*\*\*(USE BELOW IN ALL SOLICITATIONS.)\*\*\*\*   1. Electronic Invoicing Instructions Notification to NIH Contractors/Vendors, located at:  <https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/dgs-workform-handbook-files>. 2. Electronic Invoicing Step-by-Step Instructions for NIH Contractors/Vendors, located at: [https://oamp.od.nih.gov/nih-document-generation-system/dgs-workform-information/dgs-workform-handbook-files.](https://oamp.od.nih.gov/sites/default/files/DGS/Electronic%20Invoicing%20Step-by-Step%20Instructions%207-22.pdf) | | |
| Attachment 45: | Electronic Invoicing Instructions for NIH Contractors/Vendors |  |
|  | | |