

Attachment 1 -- HHS OGAPA/OGC Review Request (APM 2011-04)

Complete the information below and provide the completed form as part of your submission. Refer to Acquisition Policy Memorandum 2011-04, Appropriations Law Compliance Reviews, dated October 6, 2011, available at: <http://www.hhs.gov/asfr/ogapa/acquisition/index.html>, for further information.

OPDIV: _____ **Contracting Office:** _____

Name, telephone number, and e-mail of OPDIV contact person: _____

Project title: _____

Requirement type and applicable product and service code (PSC):

- Research and development (PSC **A**) Study (PSC **B**) Data collection (PSC **R702**)

Action requested: Appropriations Law Compliance Review Legal Sufficiency Review Waiver

Action description:

- Solicitation
- Modification that adds work **and** meets OPDIV specific review threshold
- Modification that adds funds **and** meets OPDIV specific review threshold
- Modification that extends period of performance **and** meet s OPDIV specific review threshold
- Modification (regardless of value) that causes the total contract value to exceed OPDIV specific review threshold
- Modification (regardless of value and product service code) to contracts that were identified with Anti-Deficiency Act violations in the Fiscal Year 2010 Financial Statement Audit (Attachment 3)

Action identification information:

- For **new** requirements: Solicitation number: _____ AP or other acquisition request document date: _____
- For **modifications**: Contractor name: _____
Contract number: _____ Proposed modification number: _____

Anticipated performance period for the action:

- For **new** requirements (inclusive of all options): From: _____ to: _____
- For **modifications**: From: _____ to: _____

Estimated total dollar value of the action:

- For **new** requirements (inclusive of all options): \$ _____ – For **modifications**: \$ _____

Estimated dollar amount and fiscal year of funding to be obligated for the action at award:

- For **new** requirements (excluding unfunded options): \$ _____ Fiscal year: _____
- For **modifications**: \$ _____ Fiscal year: _____

Solicitation type and acquisition method:

- Request for proposal Request for quotation Task order proposal request Other (specify): _____

Contract type:

- Fixed-price Cost-reimbursement Incentive Indefinite delivery Time-and-materials or labor-hour

Type of services and proposed acquisition funding approach:

<input type="checkbox"/> Severable Services	<input type="checkbox"/> Non-Severable Services
<input type="checkbox"/> Fully funded base contract period* with option(s) to be fully funded when exercised	<input type="checkbox"/> Fully funded requirement (no options)
<input type="checkbox"/> Incremental funding	<input type="checkbox"/> Fully funded initial requirement with option(s) for related services to be funded when exercised
<input type="checkbox"/> Other (specify funding approach and authority):	<input type="checkbox"/> Fully funded multi-year contract/modification
<input type="checkbox"/> No funding involved	<input type="checkbox"/> Other (specify funding approach and authority):
	<input type="checkbox"/> No funding involved

*Shall not exceed 12 months (annual appropriation); or, the final date of the period of availability of the cited appropriation account(s) (multiple-year appropriation).

- This is to certify that I have completed the required review of this request:

Official	Name and Title	Signature	Date
Head of Contracting Activity (or designee)			