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\*\*\*\*(USE BELOW FOR ALL 8(a) SOLICITATIONS THAT WILL BE AWARDED UNDER THE PARTNERSHIP AGREEMENT BETWEEN HHS and SBA.)\*\*\*\*

**NOTICE TO OFFERORS**

This solicitation is being processed under a Partnership Agreement (PA) between the Department of Health and Human Services (HHS) and the Small Business Administration (SBA), under which the SBA has delegated to HHS, authority to enter into 8(a) contracts directly with eligible 8(a) firms. The PA implements innovative and effective methodology designed to streamline the acquisition process for awards under the 8(a) program. The [Name of Operating Division] is a designated pilot agency under the PA.

Any solicitation and subsequent awards processed under the referenced PA, [Name of Operating Division] will make the award directly to the 8(a) firm. SBA will not be a signatory to the award resulting from this solicitation. SBA will, however, retain responsibility for 8(a) certification, administer other eligibility related issues under the 8(a) program, and be available to 8(a) firms for counseling and assistance.

If you have any questions pertaining to this PA, please contact [insert Name and Contact Information for NIH:] .

**HHS/SBA PA (OCTOBER 23, 2012 until amended)  
Servicing Small Business Administration Field Office**

To facilitate communications, it is requested that the 8(a) participant submitting this offer/bid provide the following information regarding the firm's cognizant servicing Small Business Administration (SBA) office.

Servicing SBA Office \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cognizant SBA Business Opportunity Specialist's Name \_\_\_\_\_

Phone \_\_\_\_\_

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

### **PART I - THE SCHEDULE**

THE INFORMATION SET FORTH IN **SECTION A - SOLICITATION/CONTRACT FORM** , HEREIN CONTAINS IMPORTANT INFORMATION FOR ANY OFFEROR INTERESTED IN RESPONDING TO THIS SOLICITATION. ANY CONTRACT RESULTING FROM THIS SOLICITATION WILL INCLUDE IN ITS **SECTION A - SOLICITATION/CONTRACT FORM** , ACCOUNTING, APPROPRIATION AND GENERAL INFORMATION APPLICABLE TO THE CONTRACT AWARD.

THE CONTRACT SCHEDULE SET FORTH IN **SECTIONS B THROUGH H** , HEREIN, CONTAINS CONTRACTUAL INFORMATION PERTINENT TO THIS SOLICITATION. IT IS NOT AN EXACT REPRESENTATION OF THE CONTRACT DOCUMENT THAT WILL BE AWARDED AS A RESULT OF THIS SOLICITATION. THE CONTRACT COST OR PRICE AND OTHER CONTRACTUAL PROVISIONS PERTINENT TO THE OFFEROR (i.e., those relating to the organizational structure [e.g., Non-Profit, Commercial] and specific cost authorizations unique to the Offeror's proposal and requiring Contracting Officer Prior Approval) WILL BE DISCUSSED IN THE NEGOTIATION PROCESS AND WILL BE INCLUDED IN THE RESULTANT CONTRACT. THE ENCLOSED CONTRACT SCHEDULE IS INTENDED TO PROVIDE THE OFFEROR WITH THE NECESSARY INFORMATION TO UNDERSTAND THE TERMS AND CONDITIONS OF THE RESULTANT CONTRACT.

\*\*\*\*(USE BELOW FOR ALL SOLICITATIONS.  
**ADDITIONAL INFORMATION TO COMPETE THIS ITEM:**

1. **BOX 1 - Purchase Authority:** In accordance with FAR 15.204-2(a)(2)(vi), this may be the "Requisition or other purchase authority."
  - Insert requisition or other purchase authority, if available, otherwise leave blank.
2. **BOX 9:** Select the appropriate "Late Proposal Clause" from the drop-down box. [ **Note:** In accordance with the NIH HCA's 10/15/2010 D&F, the HHSAR Provision at 352.215-70, may only be used to consider late proposals submitted in response to a competitive R&D solicitation, when consideration is in the public interest.]
3. **BOX 12:** If authorizing facsimile proposals [see FAR 15.203(d)], make sure to add the item number " **12** ." to the text box and include the FAX # with the following statement: "Facsimile proposals are authorized in accordance with FAR Clause 52.215-5.")\*\*\*\*

## SOLICITATION

### SECTION A - SOLICITATION/CONTRACT FORM

1.Requisition or other Purchase Authority: _____		
2. Request for Proposal (RFP) Number: _____	3. Issue Date: _____	4. Set Aside: [X] No [ ] Yes See Part IV Section L
5. Title : _____		
6. ISSUED BY: <u>Office of Acquisitions</u> _____ <u>National Institutes of Health</u> _____ _____ _____ _____		7. SUBMIT OFFERS TO:  See Part III, Section J, "Packaging and Delivery of the Proposal," of this Solicitation.
8. Proposals for furnishing the supplies and/or services in THE SCHEDULE will be received at the place specified in, and in the number of copies specified in Attachment, "Packaging and Delivery of the Proposal," until _____ local time on _____. Offers will be valid for 120 days unless a different period is specified by the offeror on the Attachment entitled, "Proposal Summary and Data Record, NIH 2043.		

9. This solicitation requires delivery of proposals as stated in "PACKAGING AND DELIVERY OF THE PROPOSAL." If proposals are required to be delivered to two different locations, the OFFICIAL POINT OF RECEIPT for determining TIMELY DELIVERY is the address provided for the OFFICE OF ACQUISITIONS.

IF YOUR PROPOSAL IS NOT RECEIVED BY THE CONTRACTING OFFICER OR HIS DESIGNEE AT THE PLACE AND TIME SPECIFIED FOR THE OFFICE OF ACQUISITIONS, THEN IT WILL BE CONSIDERED LATE AND HANDLED IN ACCORDANCE WITH [subparagraph (c)(3) of FAR Clause 52.215-1, Instructions to Offerors--Competitive Acquisition, "/HHSAR Clause 352.215-70, "Late Proposals and Revisions"] LOCATED IN SECTION L.1. OF THIS SOLICITATION.

10. Offeror must be registered in the System for Award Management (SAM) prior to award of a contract. Offerors must access the CCR through The System for Award Management (SAM) at <https://www.sam.gov/SAM/>

11. FOR INFORMATION CALL: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
COLLECT CALLS WILL NOT BE ACCEPTED.

\_\_\_\_\_  
Contracting Officer  
Office of Acquisitions  
\_\_\_\_\_