Image World2 *New Dimensions* – SRDP Package

Award Date: 12/21/2000
Expiration Date: 12/20/2010
Contact: Donald A Wilson 301-435-3886

NITAAC Solution Recommendation Document Package (SRDP)

Customers must provide the information required in the Solution Recommendation Document Package (SRDP). The sample form below is provided to insure that the requested information is provided to NITAAC.

Customers may use the U.S. mail, fax or e-mail unless otherwise directed. NITAAC expects delivery of documents in printed form and soft copy on an INTEL PC 3.5 floppy. When customers use e-mail, NITAAC expects soft copy to be in WordPerfect or MS Word; and MS EXCEL or Lotus 123.

1. Task Order Data

        Task Order Title
        Statement Of Work
        As of mm/dd/yy
        Agency
        Funding Document/Order Number

2. The package includes the following items

Hard Copy	Soft Copy	E-Mail	Item
☐	☐	☐	TORP. (If SOW or other contents revised from original submission) Revisions Yes No
☐	☐	☐	Copy of all proposals received

Accountable Management Official

The SRD must be signed by an Accountable Management Official (AMO) of the Customer's organization. The AMO's signature attests that the Fair Opportunity requirements specified in the IW2*nd* Task Order Guidelines have been met. ***At a minimum, the AMO signature page must be mailed or faxed to the IW2nd Contracting Officer.***

3	Accountable Management Official		
	The SRD must be signed by an Accountable Management Official (AMO) of the Customer's organization. The AMO's signature attests that the Fair Opportunity requirements specified in the IW2*nd* Task Order Guidelines have been met. ***At a minimum, the AMO signature page must be mailed or faxed to the IW2nd Contracting Officer.***		
AMO	Name	Last First MI	
		_____ _____ _____	
	Job Title	_____	
	Address	City State code Zip	
		_____ _____ _____	
	Phone	_____	
	Fax	_____	
	E-Mail	_____	
	Address	_____	
	Date	(mm/dd/yy)	
4	**List** each of the IW2*nd* prime contractors who responded to your SOW		

5	**The Prime Contractor recommended for award:**		
	Prime Contractor Name		
	IW2*nd* Contract Number		
	Address City	State code	Zip
	POC Name		
	POC Phone		
	POC Fax		
	POC E-mail		

6	**Documentation of Award Decision**

For all proposals received and evaluated, provide a narrative summarizing the evaluation results for each contractor's submission and describing the rationale for the Best Value decision for the recommended prime contractor to be awarded this task order. The justification should be streamlined and must contain the following:

1. A statement indication whether announcement of the task order requirement was made to all prime contractors or if an exception to the Fair Opportunity to be considered rule was cited in the TORP (cite the exception used).
2. The selection criteria/methodology used to evaluate the competing prime contractors;
3. The results of the evaluation using the evaluation criteria from the SOW;
4. Rationale for the recommendation of the task order awardee, including a summary of negotiations conducted, cost/price analyses, and best value analysis.
5. You must show negotiated amounts and applicable fee for each Option year.

Example

Base	**Option Yr1**	**Option Yr2**	**Option Yr3**
$xxx,xxx.00	$xxx,xxx.00	$xxx,xxx.00	$xxx,xxx.00
Fee: $x,xxx.00	Fee: $x,xxx.00	Fee: $x,xxx.00	Fee: $x,xxx.00
Total			

7	**NIH Processing Fee and *Funding Strategy* (Non-NIH customers)**

State the fee as dollar amount. **Submit any required documentation indicated in Chapter 5, including a discussion of funding strategy (e.g., whether the task order award is to be fully funded, partially funded, or if the obligated amount on the task order is only a partial funding where further obligations will be made as task order obligations against the funded amount).**

AMO Name and Title
AMO Signature: _____
cc: Customer Name: _____
cc: COTR Name   _____