

PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)  
NIH - TASK ORDER

RFTOP#229                      TITLE: Public Relation Services (PRS)  
SUBJECT: Sole Source Task Order to Susan Davis International,  
Ltd. / Urgent & Compelling.

The sole source justification will be included in the background information.

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

A. Point of Contact Name: Andrew Mummer

Phone- 410-786-0403

Fax- 410-786-9088

Proposal Address:

Centers for Medicare & Medicaid

Acquisitions and Grants Group

Attn: Chip Farmer, Mail Stop C2-16-08

7500 Security Boulevard

Baltimore, MD 21244-1850

Billing Address:

DHHS, CMS, OPM, FSG

Division of Financial Operations

P.O. Box 7520

Baltimore, MD 21207-0520

B. PROPOSED PERIOD OF PERFORMANCE: 10/18/2004 – 12/31/2004

C. PRICING METHOD: Cost Plus Fixed Fee

## D. PROPOSAL INSTRUCTIONS:

### **Technical Proposal**

**Technical Approach** – Describe your technical approach to satisfy the requirements in the Statement of Work (SOW) along with any key assumptions. Provide a step-by-step methodology describing how you will accomplish the tasks.

Provide a clear and concise explanation of the technical approach chosen for the task order. This must be complete and cover all aspects of the scope of work. Although a complete and detailed design for the project will be developed subsequent to contract award, the offeror should, nevertheless, provide sufficient detail in the proposal to indicate technical understanding of and capability of performing the requirements of the SOW.

### **Cost Proposal**

The cost proposal shall be a separate document (segregated by tasks) and shall be based on a CPFF pricing arrangement to complete the tasks described in the SOW. Summarize your proposed costs in a chart like the following for each task of the SOW and for the total task order.

| <b>Task Order/Task</b> | <b>Description</b>                  | <b>Amount</b> |
|------------------------|-------------------------------------|---------------|
|                        | Estimated Cost                      |               |
|                        | Fixed Fee                           |               |
|                        | TOTAL Estimated Cost +<br>Fixed Fee |               |

Provide a breakout of estimated costs for the proposed task order. Include at a minimum the following information in the cost proposal:

1. Direct labor rate(s) for each labor category proposed (identify key personnel by name) for Prime and Subcontractors;
2. Overhead rate(s) for Prime and Subcontractors (include fringe if separate pool), show how the rate is applied to its base and the resultant cost;
3. General and Administrative (G&A) rate for Prime and Subcontractors, show how the rate is applied to its base and the resultant cost;
4. Labor rates for Prime and Subcontractors;
5. Number of hours per week of uncompensated overtime by labor category (if proposed);
6. Distribution of effort by hours between Prime and Subcontractors;
7. Name, address and telephone number of the Offeror's cognizant Defense Contracting Auditing Agency office, if any;
8. A Summary for the task order of the following (as applicable):

|                 |    |   |
|-----------------|----|---|
| Direct Labor    | \$ |   |
| Fringe          | \$ | % |
| Overhead        | \$ |   |
| G & A           | \$ | % |
| Profit          | \$ | % |
| ODC             | \$ |   |
| G&A on ODC      | \$ | % |
| Indirect on ODC | \$ | % |
| Total           | \$ |   |

Please submit one (1) original hardcopy, three (3) hardcopies, of your proposal to the address listed above, and an electronic version to [efarmer@cms.hhs.gov](mailto:efarmer@cms.hhs.gov)

E. RESPONSE DUE DATE: Monday, September 27, 2004 NLT 2 PM.

F. TASK DESCRIPTION: See attached Statement of Work (3 pages)

G. EVALUATION FACTORS: See PROPOSAL INSTRUCTIONS

RFTOP#229 TITLE:  
**PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0\_\_\_\_\_**  
**TO # NICS-\_\_\_\_\_**

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST: Pricing Method  
TOTAL ESTIMATED NUMBER OF HOURS:  
PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: \_\_\_\_\_  
Signature Date

**SOURCE SELECTION:**

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM  
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED:

\_\_\_\_\_  
FAX # Signature - Project Officer Date

APPROVED: \_\_\_\_\_  
FAX # Signature - Contracting Officer Date

**NIH APPROVAL -**

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER  
AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS  
COORDINATOR

APPROVED: \_\_\_\_\_  
Signature - Larry Manning, NIH-PICS Coordinator Date