CMS, in concert with other HHS Staff and Operating Divisions, sponsors a Federally Funded Research and Development Center (FFRDC) focused on healthcare called the CMS Alliance to Modernize Healthcare (Health) FFRDC. The FFRDC operator, The MITRE Corporation, provides CMS and other HHS agencies access to unbiased advice and assistance in the areas of policy, business, operations, and technology; neutral strategic and tactical studies; analysis and proof-of-concept of policy implications; business architecture; and potential operations models and IT solution options from a trusted, objective, conflict-free source.

## Summary Instructions for Requesting Approval to Use the Health FFRDC:

* **Submit a polished draft for review: Make sure all draft (pre-review) submissions are accurate and complete, with all questions answered and all files attached and clearly labeled.** Incomplete submissions will be returned without review, which adds more time to the approval process and could delay your task order award.
* **Plan ahead:** Contract Use Request Form (CURF) preparation and approval can require from 3 to 7 months.
* **Deadlines:** Submission deadlines apply to CURFs planned for award during the current fiscal year. **Submit all CURFs to CMS’s Health FFRDC mailbox,** **HEALTHFFRDC@cms.hhs.gov****.**
	+ **July 1 is the deadline for submitting draft CURFs.** This is the date by which CURFs and supporting documents must be submitted for pre-review.
	+ **September 1 is the deadline for submitting signed CURFs (from the requesting agency) and supporting documents for final review.**

**Both deadlines must be met to ensure completion of follow-on acquisition actions and a current fiscal year award.**

* **HEALTH FFRDC Assistance:** The Health FFRDC Operator may assist and is allowed to assist you in work shaping (developing) the Statement of Work (SOW) and Contract Use and Request Form (CURF). Additionally, the Health FFRDC Operator may provide you with a Rough Order of Magnitude cost estimate (ROM). The Health FFRDC Operator is PROHIBITED FROM:
	+ Conducting Market Research for your Task Order (this is an inherently governmental activity).
	+ Preparing your Independent Government Cost Estimate (IGCE) (this is an inherently governmental activity).
* **Complete and submit the following documents to the Health FFRDC Program Office (PO) at** **HEALTHFFRDC@cms.hhs.gov****. (Important:** All submissions must come from the Task Order Contracting Officer (CO) or Contract Specialist (CS):
	+ This CURF
	+ An IGCE
	+ SOW or Statement of Objectives (SOO)
	+ Non-Sponsor Request Letter (*Ordering Guide* Attachment 4) – **applies only to requiring offices outside of HHS**
	+ Justification and Approval (J&A) for pursuing a sole-source award (per [Federal Acquisition Regulation (FAR) §6.302](https://www.acquisition.gov/far/part-6#FAR_6_302)) – **applies only to requiring offices outside of HHS**
* For all CURF submissions, please format the subject line as follows (NOTE: **All** CURFs require both pre-review and final review):
	+ **Pre-Review:** Request for Pre-review, MITRE-assigned Reference Number, Task/Project Title
	+ **Final Review:** Request for Final Review, MITRE-assigned Reference Number, Task/Project Title
* Your request will be reviewed promptly. The approximate turnaround times for CURF reviews are listed below and may vary, depending on the completeness of the CURF package, complexity, and dollar value:
	+ Pre-Review (initial review; signatures should not be obtained at this stage): approximately 10 business days per submission; multiple rounds of review may be needed. When submitting updated packages for review, please make sure all comments have been addressed and all required documents are included.
	+ Final Review (after sponsor signatures are applied to the CURF): 10-15 business days

Important Information About the Health FFRDC Ordering Review Process

**CURF Review:** Because of the unique status and importance of the strategic partnership between CMS and the Health FFRDC, CMS must ensure appropriate use of the FFRDC.

FFRDCs undertake work that cannot be performed as effectively by existing in-house or contractor resources. The Health FFRDC may only perform work that meets the following three-part test: (1) is consistent with its mission, purpose, scope, and capabilities; (2) is consistent with the strategic relationship between the center and its government task sponsors; and (3) aligns with Agency or Organization strategic goals and objectives.

Requiring offices are responsible for reviewing the nature of the requirements in relation to the Health FFRDC mission, purpose, and scope. Generally, work is appropriate for an FFRDC if it is consistent with the need for objective expert support; free of real or perceived conflicts of interest; pertains to topics integral to the Agency and task sponsor mission(s); and requires comprehensive knowledge of the sponsor’s needs, problems, and issues. Repeatable program or project management office support is not appropriate for the FFRDC. Examples of work that should not be performed by the Health FFRDC include:

* Maturing a program/project management office
* Augmenting staff with project managers/planners who primarily plan, develop, implement and/or maintain project schedules and project management artifacts
* Administrative and clerical project management activities such as scheduling meetings or taking notes
* Activities (either new or follow-on work) that may be more operational and maintenance in nature, versus strategic and research development

The PO will review all requests to ensure that the requirements meet the test for appropriateness and advise if additional information is required. **Please ensure that you respond to all PO comments provided via tracked changes for the CURF and SOW.**

* **CMS orders up to $1M:** The Health FFRDC PO will make the determination on the appropriateness for using the FFRDC.
* **CMS orders >$1M:** The Health FFRDC Executive Steering Committee (ESC) will make the determination on the appropriateness of using the FFRDC.

***Use the Health FFRDC Ordering Guide:*** For further details concerning appropriate use of the Health FFRDC and the ordering process, please refer to the *Health FFRDC Ordering Guide*. The *Ordering Guide* complements these instructions by providing background and context about how to use the Health FFRDC; it will help you prepare a complete and compliant CURF package.

**Health FFRDC Points of Contact:** If you have any questions when completing this form, contact the Health FFRDC PO at CMS or the Health FFRDC PMO (MITRE). Points of contact are listed below. These contacts can provide additional information about placing orders for Health FFRDC work and can help you identify a team member who will assist in clarifying and shaping work requirements to achieve your objectives.

**Centers for Medicare & Medicaid Services**

**Teresa Dangerfield**

Health FFRDC Indefinite Delivery Indefinite Quantity (IDIQ) Contracting Officer’s Representative (COR)

Office of Information Technology (CMS PO)

7500 Security Blvd.

Baltimore, MD 21244-1850

HealthFFRDC@cms.hhs.gov

410-786-0960

**Monica Kay**

Health FFRDC IDIQ Program Manager

Office of Information Technology (CMS PO)

7500 Security Blvd.

Baltimore, MD 21244-1850

monica.kay@cms.hhs.gov

410-786-1323

 **Jennifer Davis**
Health FFRDC CO

Office of Acquisition and Grants Management
7500 Security Blvd.
Baltimore, MD 21244-1850
jennifer.davis@cms.hhs.gov

410-786-2460

**Shane Ryberg**

Health FFRDC IDIQ CS

Office of Acquisition and Grants Management

7500 Security Blvd.

Baltimore, MD 21244-1850

Shane.Ryberg@cms.hhs.gov

410-786-8302

**The MITRE Corporation (Health FFRDC Operator)**

 **Jon Kunzman**
Health FFRDC Contracts Manager
The MITRE Corporation
7515 Colshire Dr.

McLean, VA 22102
jkunzman@mitre.org

719-572-8272

**Tracey Amos**
Health FFRDC Governance Manager
The MITRE Corporation
7515 Colshire Dr.

McLean, VA 22102
tamos@mitre.org

703-403-8677

Section 1 - Administrative Data

***Instructions: General Project Information***

* Insert the MITRE-assigned reference number at the top of the first page of this CURF document.
* Provide the name of the task/project below. This is required. Please use this task name in the subject line of your e-mail CURF submission to CMS.
* Indicate Task Areas from the contract scope relevant to accomplishing the work (several task areas may apply).

General Project Information

**Task/Project Title** (**Required: Use this name in the subject heading of your submission via email.)**

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**Task Areas**(Identify **one** primary task area with a “P” and secondary task areas, if relevant, with an “S.”)

|  |  |
| --- | --- |
| **TASK AREA** | **P/S** |
| Strategic/Tactical Planning & Analysis |  |
| Conceptual Planning & Proof of Concept |  |
| Acquisition Assistance |  |
| Continuous Process Improvement |  |
| Strategic Technology Evaluation |  |
| Feasibility Analysis & Design |  |
| Organizational Planning & Relationship Management |  |

***Instructions: Pricing Tables***

The Health FFRDC IDIQ contract provides for all pricing arrangements including Cost Plus Fixed-Fee. **Please contact the IDIQ CO (contact information above) during work shaping if you are considering a Firm Fixed Price award. Firm Fixed Price will only be considered with concurrence from the IDIQ CO.** Concurrence is required since FFRDC work efforts are inherently research and development-oriented, and task order SOWs are typically less defined and require significant flexibility.

* Identify the projected period of performance and value for the base period.
* If option periods or optional tasks are anticipated, identify the number of options, the start and end date for each option, and the estimated dollar value for each.
* For all performance periods (base and any options), identify the corresponding task numbers that are expected to be exercised/active in each period. Use the same task numbers as provided in Section 2, Part 1, Task Requirements.
* Calculate the subtotal task order value (base period plus optional periods and/or optional tasks)
* Add the administrative fee amount, based on the subtotal task order value (see “Administrative Fee,” below).
* Calculate the estimated total value for the task order inclusive of the base period plus all option periods and/or optional tasks plus the administrative fee.
* **Verify that** **the estimated values correspond to the IGCE submitted with this request. Please account for option periods and/or optional tasks and the administrative fee. The total contract value is comprised of all base and option periods/optional tasks (even if funding is unknown at submission) plus the administrative fee.**

***Instructions: Administrative Fee***

Beginning with task orders awarded on and after October 1, 2023, CMS—as the lead sponsor of the Health FFRDC—will assess a fee to external OpDivs. This fee applies to each CURF submitted and accounts for operational costs CMS incurs as the lead sponsor organization. MITRE will invoice OpDivs on behalf of CMS (on or after October 1, 2023) for the administrative fee.

**This fee will be billed only once for each CURF associated with a task order** (the fee billed at the beginning of a task order includes all Option Years/Optional Tasks **and** potential task order modifications that may occur thereafter).

This fee will be collected early in the base performance period via one of the first invoices that an OpDiv (or other federal organization with a health-related mission) will receive for the task order. The administrative fee will be presented as a separate CLIN.

* For task orders that are < $1 million the fee will be $20,000.
* For task orders >= $1 million the fee will be $35,000.

**Please include this fee in your IGCE.**

Pricing Tables

**Projected Period of Performance and Estimated Value (Base Period):**

| Base Period (# of Months) | Tasks Planned for Award (insert task number(s) and name(s) from Section 2, Part 1, Task Requirements) | Start Date | End Date | Base Dollar Value |
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Projected Period of Performance and Estimated Value (Option Periods and/or Optional Tasks):

| Option Period (or Task) Number | Tasks Planned for Award (insert task number(s) and name(s) from Section 2, Part 1, Task Requirements) | Start Date | End Date | Dollar Value |
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**Estimated Subtotal Task Order Value:**

| Subtotal Task Order Value (Contract Value) = Base Period + Optional Periods/Tasks |
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**Administrative Fee:**

| Administrative Fee (with reference to subtotal above, the fee is $20,000 for task orders <$1 million OR $35,000 for task orders >$1 million) |
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**Estimated Total Task Order Value:**

| Total Task Order Value (Contract Value) = Base Period + Optional Periods/Tasks + Administrative Fee |
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*Instructions: Requestor Contact Information (all names required for pre-review and approval)*

Provide contact information as follows. Include Agency/Division and Office/Organization, email address, and telephone number for all contacts:

* Business Owner – identify the requesting business owner/primary point of contact for the request.
* COR – CORs are assigned by the requesting office/organization. Please see COR manual for certification requirements.
* Component (Office/Center) Director – identify the requesting task sponsor who has the authority to obligate funds for this work.
* CO – identify the CO responsible for awarding the task order. This is required, for submission and pre-review. **Approval cannot be granted without a named CO on the CURF document.** Please note that CMS does not provide COs for requestors.

| Requestor | Name/Title | Agency/Division/Office(e.g. HHS/CMS/CCSQ; HHS/OASH) | Email | Phone |
| --- | --- | --- | --- | --- |
| **Business Owner**  |  |  |  |  |
| **COR** |  |  |  |  |
| **Component** (Office/Center) **Director** |  |  |  |  |
| **CO** |  |  |  |  |

Section 2 – Appropriate Use of the Health FFRDC – Alignment Requirements

*General Instructions for Section 2*

As you complete this form, consider the following guiding questions to help determine whether the required services are appropriate Health FFRDC work:

* Does the support help meet government long-term or complex mission needs in ways that cannot be met as fully or as effectively using in-house resources?
* Does the work support the Government in its public interest missions?
* Does the support require access, beyond that which is common in a normal contractual relationship, to Government or supplier data, including sensitive and proprietary data such as planning, budgetary and other restricted data, or to employees and facilities?
* Does the support require an organization free from real or perceived conflicts of interest to meet your requirements? Would the work otherwise create a conflict of interest that would be difficult to mitigate if it were to be offered to a commercial entity?
* Does the support require unbiased advice and assistance in the areas of policy, business operations, and technology prior to investing federal dollars in the implementation of solutions?
* Does the Government require a trusted agent that is objective and independent to facilitate strategic planning or assist in the establishment of trusted third-party partnerships?
* Does the work require timely integration of disciplines and specialties too broad and complex to acquire through individual commercial contractors?
* Does the support require the innovation and critical thinking resources established and maintained by the Health FFRDC, including relevant research and development capability, laboratory facilities and analytic capability on topics within the healthcare domain?
* Does the work require “neutral” strategic or tactical studies, analysis, or proof-of-concept of policy implications, business architecture, potential operations models, or IT solution options?
* Does the support require the knowledge of the sponsor’s external stakeholder community, institutional memory, and historical perspective on government issues engendered by an FFRDC?

**Instructions: Section 2, Part One – Scope and Purpose**

* **Background.** Briefly describe the technical or policy context for this project. Identify if the request is for further effort related to prior support. Describe any other previous or existing FFRDC task orders or other contracts for efforts of similar scope (provide contract number, contractor, period of performance, brief description of work).
* **Purpose.** Briefly describe the intended purpose for the project, and provide a succinct description of the impact desired, i.e., an indication of what will be different once this work is accomplished.
* **Task Requirements.**
	+ Summarize the top-level requirements and the key deliverables. Ensure that this summary is consistent with the SOW or SOO (**including numbering and names of tasks and associated deliverables**). Requirements should be outcomes-based and aligned to Agency strategic and tactical plans.
	+ The tasks should be detailed in the accompanying SOW or SOO.
	+ Health FFRDC support should help the Agency define “what” or “why” programs or acquisitions are needed; and “how” implementation should be defined, as opposed to requesting specific implementation and repeatable program maintenance activities that could be competitively procured.
	+ Please refer to the *Health FFRDC* *Ordering Guide* for additional information about tasks that may be appropriate for the Health FFRDC. Note that the FFRDC cannot provide services that are appropriate for commercial contractors (e.g., staff augmentation or repeatable program office support).
	+ **Please ensure alignment between the SOW or SOO, IGCE, and CURF document.**

Section 2, Part One – Scope and Purpose

**Background**

Provide a brief description, a summary, of the context for this project, including prior efforts, e.g., implementation of law; improvement in quality; reduction in errors.

Describe briefly any previous or existing FFRDC task orders or other contracts for efforts of similar scope (provide contract number, contractor, period of performance, brief description of work).

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**Purpose**

Provide a brief description of the project’s intended purpose and impact, e.g., desired operational improvement. What will be different once this work is accomplished? How does the project help achieve the core missions of CMS and HHS to enable providers to deliver better healthcare to beneficiaries at a lower cost? Check that the answer clearly states the purpose of the project, the impact/improvement due to the work of this project, and how the project ties to the core mission of CMS and HHS.

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**Task Requirements**

Provide top-level requirements for the tasking and key deliverables. Tasks should be numbered, have names, include descriptions, and have key deliverables identified. Tasks in the CURF should align to the tasks in the SOW/SOO and be traceable back to the SOW.

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**Instructions: Section 2, Part One (continued) – Transition Plan**

Health FFRDC work solves a problem, involves research and development studies and analysis, develops innovative solutions, and/or develops new technologies and prototypes. It is progressive and either comes to a natural conclusion or is transitioned to government resources or commercial contractors when it becomes steady state. Provide a high-level summary of your planned approach to transitioning work from the FFRDC to government or a commercial entity. This summary should be based on a more detailed description in your SOW or SOO.

Transition Plan

Provide a high-level summary of your planned approach to transitioning work (if needed) from the FFRDC to government or a commercial entity. (See *Health FFRDC Ordering Guide* section 4.5 for additional information.)

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*Instructions: Section 2, Part Two – Special Relationship*

* **Qualities Table**. Complete the table, Special Relationship – Qualities. Select the aspects of the special FFRDC relationship that are needed to perform the work successfully. Please identify each pertinent Special Relationship Quality with a Y. These qualities must be substantiated in the Special Relationship- Additional Insight Section.
* **Special Relationship – Additional Insight.** Describe the qualities that define the role and special relationship between the task sponsor and the Health FFRDC that are needed to perform the requirements most effectively. Refer to these instructions and section 3.1.2 of the *Health FFRDC Ordering Guide* for additional information about the FFRDC Special Relationship Qualities.

**Please address each quality individually; do not combine multiple qualities and respond to them as a group. Include a project-specific explanation of why that quality is important for the work under this task order and why/how the FFRDC’s involvement is needed/important. What potential consequences are associated with not using the FFRDC?** Examples may include:

* + An organization free from real or perceived conflicts of interest is required to provide unbiased strategic guidance, or to develop a plan, roadmap and/or requirements that will facilitate open competition downstream.
	+ A trusted agent is needed because the work requires access to information that would not otherwise be shared with commercial contractors (identify the specific information).

Special Relationship – Qualities

Identify pertinent Special Relationship qualities in the table below by marking them with a “Y.” (Select only those qualities that have direct applicability for your work.) For any qualities marked with “Y,” please describe in detail below.

| Qualities | Y / N |
| --- | --- |
| Objectivity & Independence  |  |
| Freedom from Conflicts of Interest |  |
| Special Access to sensitive or proprietary information |  |
| Comprehensive knowledge of Agency needs/institutional memory |  |
| Quick Response Capability  |  |
| Long-Term Continuity  |  |
| Comprehensive knowledge of the health care policy, business, delivery, quality improvement, and Health IT |  |

Special Relationship – Additional Insight

**Special Relationship Qualities**

Describe ***how*** **each** of the special qualities identified with “Y” are needed for the FFRDC to accomplish the requirements most effectively. See instructions, Part 2 – Special Relationship, for additional information about how to describe the qualities and their importance for your work. Please be specific, including an explanation of why each Special Relationship Quality is important for the specific work identified under this task order.

| **Quality** | **Justification** |
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*Instructions: Section 2, Part Two (continued) – Market Research*

**The requiring office (federal staff) must conduct market research before developing and submitting requirements documents for review.** As required by [FAR Part 10](https://www.acquisition.gov/far/part-10), agencies must conduct market research to arrive at the most suitable approach to acquiring services. The FFRDC is no exception.

The market research should be sufficient to address the requirements of FAR Part 37.017 as well as determine if the agency’s requirement can or cannot be met by in-house or contractor resources.

While the proposed work may fall within the seven core capabilities of the Health FFRDC, it may not be appropriate for the FFRDC if it does not require the special relationship with the FFRDC. Many of the core capabilities include work that may also be accomplished by commercial contractors. For example, consultants are available on the General Services Administration (GSA) Professional Service Schedule that can provide analysis, strategy formulation, advisory and assistance, research, and acquisition management support.

* **Preparing the Market Research Analysis: HHS has stated that its operating divisions must use the HHS market research template to complete this analysis.** You may obtain a copy of the HHS template and instructions from your requiring office CO or the CMS PO. **Requiring offices outside of HHS should attach their agency’s market research template.**

Listed below are questions that must be considered when requesting approval to use the Health FFRDC. Responses to these questions and supporting analysis/explanation should be included:

* + Can the work be performed by in-house resources?
	+ Can the work be performed by commercial resources, including small businesses?
	+ Are there current contract vehicles available—such as Blanket Purchase Agreements (BPAs) or other IDIQ contracts—that can be used to perform the effort?
	+ What market research sources were reviewed?
	+ Why were the other vehicles determined to be inappropriate for this requirement?
	+ Is there previous or existing FFRDC work available to support or inform your work?
	+ During what timeframe was the market research conducted?
* **Market research sources include, but are not limited to:**
	+ In-house contracts (e.g., BPAs, other IDIQ contracts, or Government-wide Acquisition Contracts)
	+ GSA Schedules
	+ [Health FFRDC Project Library](https://publish.mitre.org/health/) – refer to Appendix C of the *Health FFRDC Ordering Guide* for additional information about the Project Library

**Please attach the HHS market research template to your request. The FFRDC PO and CO reserve the right to request detailed backup that supports the market research analysis.**

*General Instructions: Section 2, Part Three – Strategic Alignment*

Please state how your task order will specifically meet outcomes at the project, intermediate (medium-term), and end/Agency (3-5 year) levels. How do project outcomes align to your Agency’s strategic objectives? Is the FFRDC support required to help meet legislative mandates?

Strategic Alignment – Project Outcomes

**Describe the outcome(s)** that **this specific Task Order is expected to achieve** by the end of the Period of Performance. What will be incrementally better because of the work? Categories to consider include what the sponsor expects to achieve in terms of:

* Reduced Risk
* Qualitative Improvement
* Improved Operational Efficiency
* Quantitative Cost Savings
* New Capabilities for the Sponsor

**Describe the success criteria and evidence** **that will demonstrate that the Health FFRDC delivered the desired outcome.** What fact(s) (understandable by someone without deep context about the project) will provide evidence that the project outcome is achieved by the end of the Period of Performance?

| Outcomes  | Project-Based Success Criteria or Metrics and Evidence  |
| --- | --- |
| Outcome 1: |  |
| Outcome 2: |  |
| Outcome 3: |  |
| Outcome 4: |  |

Strategic Alignment – Intermediate Outcomes

**Briefly describe a medium-term goal** defined by Agency leadership (e.g., a sub-goal that contributes toward one of the Agency’s overarching, long-term strategic goals) **and how this project’s outcomes (above) advance this strategic objective**.

Identify the project outcome(s) from above that tie to an Intermediate Outcome that is in essence a steppingstone to a larger End Outcome (strategic objective). This must be project-specific.

For example, a project outcome that makes progress toward use of alternative payment models **may contribute** toward an Intermediate Outcome of advancing delivery system reform, **which is** one component of achieving a larger End Outcome (below) of improving quality care or strengthening healthcare.

In cases where projects advance more than one Intermediate Outcome (e.g., advancing delivery system reform, while also increasing Agency organizational capacity), describe each Intermediate Outcome, while designating which is of primary importance to the Agency.

| Aligned Agency Goals (Medium-Term) | Project-Based Success Criteria and Evidence |
| --- | --- |
| Goal 1: | Intermediate Outcome 1: |
| Goal 2: | Intermediate Outcome 2: |
| Goal 3: | Intermediate Outcome 3: |

Strategic Alignment – End Outcomes

Describe the high-level 4- to 5-year strategic Agency or Department-wide goals toward which the project contributes to over the long term and how this project contributes to the identified goals.

Please state the HHS or Agency goal and state how your project contributes to this goal. Identify the outcome(s) from above that tie to the end outcomes. This must be project-specific.

If the project’s outcomes advance more than one End Outcome, describe each End Outcome, while designating which is of primary importance to the Agency.

| Aligned Agency or Department Goals (4- to 5-year)  | Project-Based Success Criteria and Evidence |
| --- | --- |
| Goal 1: | End Outcome 1: |
| Goal 2: | End Outcome 2: |
| Goal 3: | End Outcome 3: |

Section 3 – Supporting Documents

*Detailed Instructions for Section 3 – Supporting Documents*

* Select Y or N whether the request includes the required attachments. Please note that missing attachments may delay review and approval of your CURF.
* Verify that all attachments have clear, logical file names.
* If an entity outside of HHS is submitting the CURF, include a Non-Sponsor Request Letter (*Ordering Guide* Attachment 4) and the requiring office’s J&A (per [FAR §6.302](https://www.acquisition.gov/far/part-6#FAR_6_302)) as part of the pre-review CURF package.

**Please mark** supporting documents included and verify that these attachments have clear, logical file names:

|  |  |  |
| --- | --- | --- |
| Market Research Analysis (HHS template) | Yes [ ]  | No [ ]  |
| SOW or SOO | Yes [ ]  | No [ ]  |
| IGCE | Yes [ ]  | No [ ]  |
| Non-sponsor Request Letter (for requiring offices outside of HHS) | Yes [ ]  | No [ ]  |
| J&A (per [FAR §6.302](https://www.acquisition.gov/far/part-6#FAR_6_302), for requiring offices outside of HHS) | Yes [ ]  | No [ ]  |

Section 4 – Approvals for Requests

**(Signatures are not required for pre-review; obtain signatures only after CMS advises you that pre-review is complete.)**

* **Pre-Review:** The requiring office COR coordinates the request with the requiring office CO who will be responsible for making their own determination of appropriateness as well as awarding the task order to ensure compliance with contracting and acquisition standards.
	+ The CO **MUST** submit the CURF package (CURF, SOW, and IGCE) to the CMS PO (HEALTHFFRDC@cms.hhs.gov) for review.
	+ **Requiring offices outside of HHS** must include a Non-Sponsor Request Letter (*Ordering Guide* Attachment 4) and a J&A (per [FAR §6.302](https://www.acquisition.gov/far/part-6#FAR_6_302)).
	+ Signatures should not be included for pre-review.
	+ **Multiple rounds of pre-review may be needed; requiring offices should anticipate at least three rounds of pre-review.**
	+ **Please ensure that you address all comments and questions from CMS during pre-review as not doing so will cause additional rounds of review.**
* **Final Review:** Signatures are gathered after the Health FFRDC IDIQ PO notifies the CO responsible for awarding the task order that pre-review is complete:
	+ The requiring office COR signs and dates the CURF to indicate approval of the request and agreement to comply with quality assessment and performance feedback requirements. (See the *Health FFRDC Ordering Guide* for additional details related to quality assessment requirements.)
	+ The requiring office COR also obtains the signature of the Component (Office/Center) Director.
	+ The requiring office COR then sends the CURF package to the requiring office CO, who signs and dates the CURF to confirm that the request has been reviewed for appropriateness in accordance with the three-part test (mission, purpose, and scope).
	+ **Broader HHS or other agencies only:** The cognizant Head of Contracting Activity (HCA) (or designee) signs the form to confirm that all required steps have been completed and that the request has been reviewed for appropriateness in accordance with the three-part test and approved by the Agency.
	+ The CO routes the CURF to the CMS PO (HEALTHFFRDC@cms.hhs.gov).
	+ The Health FFRDC IDIQ COR reviews the CURF and signs and dates the form to indicate that the request has been reviewed for appropriateness, and that the request is within the Health FFRDC contract ceiling.
	+ **Orders less than $1M** proceed from the PO to the ESC Chair for review and signature. The Health FFRDC ESC Chair signs and dates the CURF to indicate approval to continue with additional acquisition activities with the Health FFRDC operator.
	+ **Orders equal to or greater than $1M** require review by the full ESC prior to the ESC Chair’s review and signature. For special interest topics, the Health FFRDC ESC Chair may convene a review with the requiring office to determine appropriateness of the request. After full ESC review is complete, the Health FFRDC ESC Chair signs and dates the CURF to indicate approval to continue with additional acquisition activities with the Health FFRDC operator.
	+ **Broader HHS or other agencies only:** The Health FFRDC CO will issue an approval letter indicating agreement that the request is appropriate for the Health FFRDC and providing approval for Health FFRDC use.

**APPROVALS FOR REQUESTS FROM CMS OFFICES/ORGANIZATIONS**

| Title | Signature | Date |
| --- | --- | --- |
| COR |  |  |
| Component (Office/Center) Director |  |  |
| CO |  |  |
| Health FFRDC PO (IDIQ COR) |  |  |
| Health FFRDC ESC Chair  |  |  |

**APPROVALS FOR REQUESTS FROM BROADER HHS OR OTHER AGENCIES**

| Title | Signature | Date |
| --- | --- | --- |
| COR |  |  |
| Component (Office/Center) Director |  |  |
| CO |  |  |
| HCA (or designee) |  |  |
| Health FFRDC PO (IDIQ COR) |  |  |
| Health FFRDC ESC Chair |  |  |