

NIH POLICY MANUAL

6307-1 - ORGANIZATION OF CONTRACTING RESPONSIBILITIES

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A. Purpose:

This chapter sets forth in general terms the organization of contracting activities at the NIH. It provides guidance for determining which contracting organization should be assigned an individual contract requirement.

B. Background:

Authority and responsibility for the conduct of an effective and efficient contracting program vests with the Head of the Contracting Activity (HCA) who is empowered to redelegate this authority in accordance with Federal and/or Agency acquisition regulations. The offices designated in the Appendix have been delegated contracting authority. (See NIH Manual 1130, Acquisition No. 1, for discussion of Delegations of Authority.)

C. References:

1. Federal Acquisition Acquisition Planning Regulations (FAR) Part 7
2. Department of Health Acquisition Planning and Human Services Acquisition Regulations (HHSAR) Part 307
3. NIH Manual 1130 Delegations of Authority, [Acquisition No.1](#)
4. NIH Manual [6315-1](#) Review and Award of Contract Projects (Release Pending)
5. Final Report on the Acquisition of Automatic Data Processing Resources in PHS (May 1987)
6. ADP Procurement at NLM - Memorandum to the Director, NLM, from the Associate Director for Administration and Associate Director for Research Services (9/3/87)

D. Definitions:

1. Research and Development (R&D):

The spectrum of research, development, demonstration, and support activities are defined as follows:

- a. Research: Systematic search or intensive study directed towards achieving new or fuller scientific knowledge or understanding beyond the state of the art, and/or towards the practical application of knowledge/understanding to advance specific

objectives.

- b. **Development:** Systematic use of knowledge and understanding gained from research, directed towards creating useful materials, devices, systems, or methods to meet functional or economic feasibility requirements, including procedures to accomplish significant novel enhancements to existing systems.
- c. **Demonstration:** Systematic studies of the feasibility of disseminating or applying R&D findings to community or other group situations, e.g., establish effectiveness of health diagnosis, treatment, or prevention approaches to improve public health.

Research, development, and demonstration activities typically involve procedures to:

- develop approaches and methodology;
 - perform experimental procedures;
 - record observations and data;
 - record observations and data;
 - analyze and interpret findings, and
 - publish results, interpretation, and conclusions.
- d. **R&D Support:** Procedures, techniques, and activities directly supporting the conduct of R&D, involving innovative or standard methodologies to prepare or provide special materials, resources, or services integral to performing R&D projects, e.g., screen or test components for biological activity, collect, provide, analyze, or interpret experimental research data or information; or provide significant enhancements to existing equipment or systems.

In accordance with statutes and regulations, all biomedical and behavioral R&D contracts, as outlined in Sections D.1. a. through D.1. d., require project concept and scientific peer review and approval of proposals before they may be awarded, regardless of whether they originate from extramural or intramural program requirements.

2. Station Support:

The spectrum of supplies, support services, audiovisual services, Architect-Engineer (A&E) services, construction, and equipment supporting the operating needs of the NIH and all contract actions accomplished by sealed bidding.

3. Other:

Any requirement not included in Sections D.1. and D.2., such as:

- logistics support;
- public or technical information services or clearing houses;
- conference support;
- evaluation projects;
- technical support services;
- ADP acquisitions;
- Advisory and Assistance Services.

E. Responsibilities:

1. The NIH R&D contracting organizations are responsible for R&D contracts as defined in Section D.1.
2. The NIH Station Support contracting organizations are responsible for Station Support contracts as defined in Section D.2. The Division of Procurement (DP), Office of Administration, has the responsibility for all A&E and construction contracts except for those supporting the NIEHS in North Carolina.
3. For all other requirements as defined in Section D.3., the primary responsibility for the acquisition process rests with the DP. However, in those situations where the acquisition requires extensive program knowledge or close interaction between the program and acquisition staff, the R&D contracting offices shall have the primary responsibility.
4. Acquisition of ADP:
 - a. For purposes of this Manual Chapter, ADP requirements are defined within the following two broad areas:
 - Programmatic ADP Acquisitions: actions involving complex and specialized needs (such as sophisticated information systems and analytical support services) which require close interaction between program and procurement staff.
 - Administrative ADP Acquisitions: actions for such items as major ADP systems, programming services, personal computers and peripherals, software, equipment, maintenance services and supplies.
 - b. Programmatic ADP requirements will be processed by the R&D contracting offices. With the exception of NIEHS and NLM, administrative ADP requirements will be processed by the DP.
 - c. Both programmatic and administrative ADP requirements supporting NIEHS'

functions are processed by the Contracts and Procurement Management Branch, NIEHS.

- d. All of NLM's programmatic ADP requirements are processed by the Office of Acquisitions Management, NLM. All of NLM's administrative ADP requirements, shall be processed pursuant to the guidelines established by the NIH Memorandum to the Director, NLM, from the Associate Director for Administration and the Associate Director for Research Services (9/3/87).

Selection of Appropriate Contracting Organization:

1. The Institute, Center, Division (ICD) Program Office initiating a contract action shall, in accordance with the criteria herein, determine which of the three definitions applies (see Section D.) and contact the appropriate organization (see Section E.) to initiate the Request for Contract action (see FAR Part 7 and HHSAR Part 307 for guidance). The ICDs are encouraged, where appropriate, to establish a screening procedure to accomplish this. The ICD program officials are also encouraged to solicit the advice of the cognizant Station Support or R&D contracting organizations as part of this screening process.
2. If the appropriate definition, and therefore, the appropriate contracting organization, for an action are in doubt after the initial ICD screening, or if the ICD believes there are overriding reasons to assign the action to the contracting organization not having primary responsibility as defined above, the cognizant R&D and Station Support contracting officers shall confer and attempt to reach agreement. The Office of Extramural Research (OER) staff shall be consulted if there is question as to whether the action falls under the definition of R&D. In the event the two contracting officers cannot agree, the matter shall be referred to the Principal Official Responsible for Acquisition (PORA), for resolution.
3. Once the appropriate contracting organization has been identified, the ICD Program Office shall follow the applicable NIH Manual Issuance (i.e., 2600 for actions assigned to the Station Support organizations and 6000 for actions assigned to the R&D organizations), pertinent Instruction and Information Memoranda and established local procedures to initiate the Request for Contract.

G. Additional Information:

For further information on this NIH Manual Chapter, contact the Acquisition Policy and Procedure Branch, DCG, 496-6014.

H. Additional Copies:

For additional copies of this NIH Manual Chapter, send a Form NIH 414-5 to the Printing and Reproduction Branch, Division of Technical Services, ORS, Building 31/B4BN08, or call the Associate Director for Acquisitions Support, 496-3181, or DCG, OA, 496-6014.

LIST OF NIH OFFICES WITH DELEGATED CONTRACTING AUTHORITY

1. Decentralized R&D Contracting Offices

Research Contracts Branch
National Cancer Institute (NCI)

Contracts Operations Branch
National Heart, Lung, and Blood Institute (NHLBI)

Contracts Management Branch
National Institute of Allergy and Infectious Diseases(NIAID)

Contracts and Procurement Management Branch
National Institute of Environmental Health Sciences (NIEHS)

Contracts Management Section
National Institute of Child Health and Human Development (NICHD)

Office of Acquisitions Management
National Library of Medicine (NLM)

Contracts Management Branch
National Institute of Diabetes, and Digestive and Kidney
Diseases(NIDDK) and National Institute of Arthritis,
Musculoskeletal, and Skin Diseases (NIAMS)

Contracts Management Branch
National Institute of Neurological Disorders and Stroke
(NINDS) and National Institute of Deafness and Other
Communication Disorders (NIDCD)

Contracts Management Section
National Institute of Dental Research (NIDR)

2. Centralized R&D Contracting Office

The Research Contracts Branch, DCG, OA, OD, for all ICDs not identified in Section 1.

3. Decentralized Station Support Contracting Offices

Contracts and Procurement Management Branch
National Institute of Environmental Health Sciences (NIEHS)

Office of Acquisition Management
National Library of Medicine (NLM)

4. Centralized Station Support Contracting Office

The Division of Procurement, OA, OD, for all ICDs except NLM and NIEHS.

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