

Posting Date: June 17, 2024

Closing Date: June 28, 2024 12 Noon

P.M. ET Reference Number: 24-034262

To: NCI Bid Board

From: Tina Roberts  
NCI Purchasing Agent  
Tina.Roberts@nih.gov

Subject: NCI Bid Board Posting – Patient On-call services

The Pediatric Oncology Branch (POB), Center for Cancer Research, National Cancer Institute (CCR) is one of the premier pediatric cancer centers in the country. The Pediatric Oncology Branch inpatient service is covered by an Attending Physician, Nurses and Clinical Fellows from 8am-6pm daily. Evenings, weekends, and holidays requires additional coverage. There are 8-10 weekend days per month; 20-23 weeknights per month; and approximately 10 holidays per year that require physician coverage. The Pediatric Oncology Branch does not have adequate civil service employees to cover these shifts for the year.

The National Cancer Institute plans to purchase patient on-call services to provide continuity of service for the inpatient pediatric patients. This benefits the NIH mission from MEGAN TERESA ZINSKY this is not a request for competitive quotation. However, if any interested party believes it can meet the attached requirements, it may submit a statement of capabilities. The capability statement must be in writing and must contain information and material in sufficient detail to allow NCI to determine if the party can fully meet this requirement. The capability statement must be received in the contracting office by 12:00 PM on June 28, 2024 ET. A determination by the Government not to compete this requirement based upon responses to this notice is solely within the discretion of the Government. Information received will be considered solely for the purpose of determining whether to conduct a competitive procurement.

**Sole Source Justification:**

Individual has expertise & knowledge with existing patients here at NCI due to previous consistence years of service. Individual has advanced, specialized training in patient care and has flexibility in scheduling. This gives us here at POB the detailed service needed for our patient care. It's not feasible to open this position to other sources due to the urgent need to fill these shifts for continuity of patient care.

**Attached Documents:**

SF18

Statement of Work

FAR Clause 52.213-4 Simplified Acquisitions Terms and Conditions (AUG 2019) is applicable and available in full text upon request

# Purchase Request

POTS Number : 24-034262  
 Vendor Confirmation # : Professional Services: 8/01/24 - 3/31/25 POB  
 Credit Card Reference # : Due on or before 7/17/24  
 NBS Order No : N/A

**Instructions:**

The **Requester** completes Sections 1, 2, and 3. The **Buyer** completes the rest of the form.

Date Submitted:

05/29/2024

## 1. Requester

Requester's Name VICKI RICHMOND	Organization HNC7Z19	CAN 8377440/124795	O.C Code 25629
Delivery Point Bldg/Room: 10-CRC/1-3750	Phone No.	Date Needed 8/1/2024	Decal/Cost Adjust. Needed <input type="checkbox"/> Cust Code: 21801
Requester's Signature Submitted by VICKI RICHMOND	Internal Approval (signature) Approve for John GLOD by Rebecca SHIM Date:5/30/2024 8:25:24 AM	Internal Approval (signature) FA Approved by Rebecca SHIM Date :6/7/2024 11:32:27 AM	Internal Approval (signature) N/A Date:N/A

## 2. Recommended Sources (Provide three sources, if possible. Competition is required for open market and non-mandatory FSS orders over \$3,000)

<b>Name of First Vendor</b> MEGAN TERESA ZINSKY:2003526746		Company Clerk's Name	
EIN	FSS No.	Phone No. /	
<b>Name of Second Vendor</b>		Company Clerk's Name	
EIN	FSS No.	Phone No.	
<b>Name of Third Vendor</b>		Company Clerk's Name	
EIN	FSS No.	Phone No.	

## 3. Ordering Information

## 4. Totals

Item No	Exp Type	Cat #	CAN - Task	Catalog No	DESCRIPTION	QTY	Unit of Issue	LIST PRICE	DISC. PRICE	ESTIMATED PRICE	
1	25629	R499	8377440-2024.100	EXD1BU4KN8E4	To provide patient on (See page 3)	8.00	EACH	\$3,125.00	\$3,125.00	\$25,000.00	
Total Item : 1 please continue to page 3								<b>Grand Total List Price:</b>	\$25,000.00	<b>Grand Total :</b>	\$25,000.00

## 5. Ordering Mechanism

NIH Stock Requisition   
  BPA Call (OM)   
  External To/Do   
  Purchase Cards/Convenience Checks  
 GSA Fedstrip   
  SF 44   
  Purchase Card(s)  
 BPA Call (FSS)   
  Internal To/Do   
 Purchase Order(s)

Date Ordered : 6/7/2024	Buyer's Name Tina ROBERTS	For radioisotope orders only : Complete Form NIH 88-1, "Request for Purchase and Use of Radioactive Materials."		Clearance no. of approved radioisotope purchaser
NBS Order No. 6987033	BPA/IDC Source No. 75N91024P00509	Competition Required ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Clearances Required ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Clearances Obtained ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## 6. Mandatory Source Availability

See section 11 Required Sources list

Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.

YES	NO	YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 7. Justification for Not Selecting Mandatory Source

- Compatibility with existing equipment. *Explain :* \_\_\_\_\_
- NIH Stores out of stock and urgently needed. *Explain :* \_\_\_\_\_
- NIH stock item is unacceptable because: \_\_\_\_\_
- Mandatory FSS vendor is unacceptable because: \_\_\_\_\_
- Other (*specify*) : \_\_\_\_\_

**8. Justification for Sole-source or Other than Small Business on Either Open Market or Non-mandatory FSS**

- Sole-source: Proprietary data/patent, etc. (FAR 6.302-1.) *Explain :* \_\_\_\_\_
- Sole-source: Quality of product required for on-going experiments. (FAR 6.302-1.) *Explain :* \_\_\_\_\_
- Sole-source: Urgent and compelling requirement. (FAR 6.302-2.) *Explain :* \_\_\_\_\_
- Small business is unable to deliver within required timeframe. *Explain :* \_\_\_\_\_
- Unable to locate small business source(s) for item(s). *Explain :* \_\_\_\_\_
- Other (*specify*) : \_\_\_\_\_

**9. Competition** (*For open market and non-mandatory FSS orders over \$3,000.*)

<b>Vendor 1</b>			<b>Vendor 2</b>		
List Price	Discount Price	Phone No.	List Price	Discount Price	Phone No.
Comments			Comments		
Date Called	Company Clerk's Name		Date Called	Company Clerk's Name	

<b>Vendor 3</b>	<b>10. Price Reasonableness</b> ( <i>Check all that apply.</i> )
List Price	<input type="checkbox"/> Lowest price quoted.
Discount Price	<input type="checkbox"/> Comparison with prices on previous buys where price analysis performed.
Phone No.	<i>Previous order no.</i> _____ <i>Date</i> _____
Comments	<input checked="" type="checkbox"/> Other ( <i>specify</i> ) : _____
Date Called	_____
Company Clerk's Name	_____

**11. Required Sources for Services**

- |   |  |
|---|--|
| <p>YES NO</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> UNICOR, NIH FSS BPA, FSSI, GSA Advantage or GWAC's</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ability One Programs</p> | <p>YES NO</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> The Open Market</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> NIH OM BPA</p> |
|---|--|

PA Notes : NA

Requester Notes : EIN#149941395

Justification : This request is for Dr. Megan Zinsky to provide on-call services for the POB lab. This is required to provide continuity of service for the inpatient pediatric patients. This benefits patient care and research at our NIH facility..

**Item List**

<b>Item No</b>	<b>Exp Type</b>	<b>Cat #</b>	<b>CAN - Task</b>	<b>Catalog #</b>	<b>DESCRIPTION</b>	<b>QTY</b>	<b>Unit of Issue</b>	<b>LIST PRICE</b>	<b>DISC. PRICE</b>	<b>ESTIMATED PRICE</b>
1	25629	R499	8377440-2024.100	EXD1BU 4KN8E4	To provide patient on-call services for the Pediatric Oncology Branch	8.00	EACH	\$3,125.00	\$3,125.00	\$25,000.00
<b>Total List Price</b>								\$3,125.00	<b>Total :</b>	\$25,000.00
:										

## **STATEMENT OF WORK (SOW)**

### **1.0 TITLE**

*Patient On-Call Services for the Pediatric Oncology Branch*

### **2.0 BACKGROUND**

The Pediatric Oncology Branch, Center for Cancer Research, National Cancer Institute is one of the premier pediatric cancer centers in the country. The Pediatric Oncology Branch inpatient service is covered by an Attending Physician, Nurses and Clinical Fellows from 8am-6pm daily. Evenings, weekends, and holidays requires additional coverage. There are 8-10 weekend days per month; 20-23 weeknights per month; and approximately 10 holidays per year that require physician coverage. The Pediatric Oncology Branch does not have adequate civil service employees to cover these shifts for the year.

### **2.1 OBJECTIVE**

The primary objective of this acquisition is to obtain well qualified and highly skilled physicians to cover the Pediatric Oncology Service in the evenings, weekends, and holidays. The benefits to hiring these highly qualified physicians are it would save the Government money and time in training physicians outside of the Fellowship program

### **3.0 SCOPE**

The first fellows treat patients 100% of the time, while the second and third year fellows in train in laboratory settings. However, fellows entering their second year become eligible for Night Call Pay, aka “Moonlighting”. Therefore, patient care responsibilities are assigned on a reverse seniority basis. Clinical fellows in their second and third years receive priority consideration for moonlighting responsibilities. This provides additional clinical training for fellows in the second and third year of training and allows the required time out of the hospital mandated by the Accreditation Council for Graduate Medical Educations (ACGME) for first year fellows. Fellows are also chosen this way to provide continuity to patients enrolled on protocols at the NCI.

### **4.0 CONTRACT REQUIREMENTS/ AND PERSONNEL QUALIFICATIONS**

The Pediatric Oncology branch and Johns Hopkins University have a Joint Fellowship Program that is part of a merged training program for pediatric hematology/oncology fellows. The program is for three years with specified training in clinical care and research in pediatric Hematologist and oncologic diseases. This individual is currently an employee at Johns Hopkins University, as well as a 2<sup>nd</sup> or 3<sup>rd</sup> year clinical fellow with priority in patient care responsibility.

## STATEMENT OF WORK (SOW)

In addition, as a part of the Joint Fellowship Program, this individual is already credentialed and has malpractice insurance to treat patients at the NCI. Patient care responsibilities are voluntary, and schedules are completed annually.

### 5.0 TYPE OF ORDER

This is a firm fixed price purchase order.

### 6.0 PERIOD OF PERFORMANCE

Period of Performance shall be for twelve (8) months from 1 August 2024 through 31 March 2025.

### 7.0 PLACE OF PERFORMANCE

Mark O’Hatfield Clinical Research Center  
9000 Rockville Pike, Bldg. 10-CRC,  
Bethesda, MD 20892

### 8.0 REPORT(S)/DELIVERABLES AND DELIVERY SCHEDULE

*All deliverables shall be sent electronically (Microsoft Word, unless approved by the COR) per the following deliverable schedule:*

<b><i>DELIVERABLE</i></b>	<b><i>DELIVERABLE DESCRIPTION / FORMAT REQUIREMENTS</i></b>	<b><i>DUE DATE</i></b>
In-patient service	Deliver on-call patient services for POB	<i>30 days after award</i>

### 9.0 PAYMENT

Payment shall be made monthly in arrears Payment authorization requires submission and approval of invoices to the COR and NIH OFM, in accordance with the attached payment provisions listed below:

## STATEMENT OF WORK (SOW)

The following clause is applicable to all Purchase Orders, Task or Delivery Orders, and Blanket Purchase Agreement (BPA) Calls: PROMPT PAYMENT (JUL 2013) FAR 52.232-25.

Highlights of this clause and NIH implementation requirements follow:

### I INVOICE REQUIREMENTS

A. An invoice is the Contractor's bill or written request for payment under the contract for supplies delivered or services performed. A proper invoice is an "Original" which must include the items listed in subdivisions 1 through 12, below, in addition to the requirements of FAR 32.9. If the invoice does not comply with these requirements, the Contractor will be notified of the defect within 7 days after the date the designated billing office received the invoice (3 days for meat, meat food products, or fish, and 5 days for perishable agricultural commodities, dairy products, edible fats or oils) with a statement of the reasons why it is not a proper invoice. (See exceptions under II., below.) Untimely notification will be taken into account in the computation of any interest penalty owed the Contractor.

1. Vendor/Contractor: Name, Address, Point of Contact for the invoice (Name, title, telephone number, e-mail and mailing address of point of contact).
2. Remit-to address (Name and complete mailing address to send payment).
3. Remittance name must match exactly with name on original order/contract. If the Remittance name differs from the Legal Business Name, then both names must appear on the invoice.
4. Invoice date.
5. Unique invoice #s for all invoices per vendor regardless of site.
6. NBS document number formats must be included for awards created in the NBS: Contract Number; Purchase Order Number; Task or Delivery Order Number and Source Award Number (e.g., Indefinite Delivery Contract number; General Services Administration number); or, BPA Call Number and BPA Parent Award Number.
7. Data Universal Numbering System (DUNS) or DUNS + 4 as registered in the Central Contractor Registration (CCR).
8. Federal Taxpayer Identification Number (TIN). In those exceptional cases where a contractor does not have a DUNS number or TIN, a Vendor Identification Number (VIN) must be referenced on the invoice. The VIN is the number that appears after the contractor's name on the face page of the award document.
9. Identify that payment is to be made using a three-way match.
10. Description of supplies/services that match the description on the award, by line billed.\*
11. Freight or delivery charge must be billed as shown on the award. If it is included in the item price do not bill it separately. If identified in the award as a separate line item, it must be billed separately.
12. Quantity, Unit of Measure, Unit Price, Extended Price of supplies delivered or services performed, as applicable, and that match the line items specified in the award.\*

## STATEMENT OF WORK (SOW)

\* NOTE: If your invoice must differ from the line items on the award, please contact the Contracting Officer before submitting the invoice. A modification to the order or contract may be needed before the invoice can be submitted and paid.

B. Shipping costs will be reimbursed only if authorized by the Contract/Purchase Order. If authorized, shipping costs must be itemized. Where shipping costs exceed \$100, the invoice must be supported by a bill of lading or a paid carrier's receipt.

C. Mail an original and 1 copy of the itemized invoice to:

National Institutes of Health  
Office of Financial Management, Commercial Accounts  
2115 East Jefferson Street, Room 4B-432, MSC 8500  
Bethesda, MD 20892-8500

For inquiries regarding payment call: (301) 496-6088

In order to facilitate the prompt payment of invoices, it is recommended that the vendor submit a photocopy of the invoice to the "Consignee" designated for the acquisition in blocks 6A – 6E of the face page of the Order/Award document.

### II. INVOICE PAYMENT

A. Except as indicated in paragraph B., below, the due date for making invoice payments by the designated payment office shall be the later of the following two events:

1. The 30th day after the designated billing office has received a proper invoice.
2. The 30th day after Government acceptance of supplies delivered or services performed.

B. The due date for making invoice payments for meat and meat food products, perishable agricultural commodities, dairy products, and edible fats or oils, shall be in accordance with the Prompt Payment Act, as amended.

### III. INTEREST PENALTIES

A. An interest penalty shall be paid automatically, if payment is not made by the due date and the conditions listed below are met, if applicable.

1. A proper invoice was received by the designated billing office.
2. A receiving report or other Government documentation authorizing payment was processed and there was no disagreement over quantity, quality, or contractor compliance with a term or condition.
3. In the case of a final invoice for any balance of funds due the contractor for supplies delivered or services performed, the amount was not subject to further settlement actions between the Government and the Contractor.



## STATEMENT OF WORK (SOW)

- B. Determination of interest and penalties due will be made in accordance with the provisions of the Prompt Payment Act, as amended, the Contract Disputes Act, and regulations issued by the Office of Management and Budget.

### IV. PROVIDING ACCELERATED PAYMENT TO SMALL BUSINESS SUBCONTRACTORS, FAR 52.232-40 (DEC 2013)

- a) Upon receipt of accelerated payments from the Government, the Contractor shall make accelerated payments to its small business subcontractors under this contract, to the maximum extent practicable and prior to when such payment is otherwise required under the applicable contract or subcontract, after receipt of a proper invoice and all other required documentation from the small business subcontractor.
- b) The acceleration of payments under this clause does not provide any new rights under the prompt Payment Act.

Include the substance of this clause, include this paragraph c, in all subcontracts with small business concerns, including subcontracts with small business concerns for the acquisition of commercial items.