

HHS Annual Acquisition Plan Template and Instructions

(Revised December 4, 2009)

Purpose: *This document provides instructions and the template to be used to prepare an Annual Acquisition Plan (AAP).*

Requirements and Responsibilities: *Health and Human Services Acquisition Regulation (HHSAR) 307.104(a) requires that the OPDIV Head of the Contracting Activity (HCA) or Chief of the Contracting Office (CCO), as appropriate, prepare an AAP prior to the beginning of each fiscal year. The AAP must contain (i) all anticipated acquisitions estimated to exceed the simplified acquisition threshold, including new acquisitions and modifications; (ii) assisted contracts requiring approval of the assigned contracting office; and (iii) estimates of the total dollar value of simplified acquisitions, by quarter.*

The AAP provides an acquisition planning tool for workload scheduling and monitoring and for reporting purposes, such as providing information for HHS' annual forecast of contracting opportunities. The HCA/CCO and Small Business Specialist shall review the AAP at least quarterly and modify it, as appropriate, during the fiscal year.

HHSAR 307.104(a)(5) requires that the HCA/CCO use the following standard template for an AAP. The HCA/CCO may include information in addition to that required by the instructions below. The instructions for preparing the template are specified in italics and should not be part of the completed AAP.

AAP Template Preparation Instructions

The template includes header information and a three-part table. Complete the AAP template as follows. Insert additional rows, as necessary. Use the first table (Part 1) to provide information about actions, including direct awards of orders under other agencies' ordering contracts, estimated to exceed the simplified acquisition threshold. Use the second table (Part 2) to provide information on proposed assisted contracts¹ (see HHSAR 317.70) which require approval of the assigned contracting office². (The HCA/CCO may require additional documentation from the applicable program office before incorporating the proposed assisted contract in the AAP.) Use the third table (Part 3) to provide estimates of simplified acquisitions.

¹ *If a proposed assisted contract is not included in the Annual Acquisition Plan, an assisted contracting D&F must be prepared and approved in accordance with HHSAR 317.7003(b).*

² *HHSAR 317.7004(b)(2) permits the Head of the Contracting Activity (HCA) of the assigned contracting office to delegate approval authority for proposed assisted contracts valued less than \$500,000. Consequently, all proposed assisted contracts whose expected value exceeds the threshold the HCA specified should be included in Part 2. If an HCA does not delegate this authority, then all proposed assisted contracts should be included in Part 2.*

AAP Header Information:

- **Annual Acquisition Plan for Fiscal Year:** Enter the applicable fiscal year.
- **Operating Division (OPDIV):** Specify the OPDIV name.
- **Subcomponent:** Specify the name of the OPDIV's major subcomponent organization (such as an Institute, Center, Office, or Division) and lower tier organization, if applicable, that is the sponsor of the proposed acquisitions.

Part 1: New Acquisitions and Modifications Estimated to Exceed the Simplified Acquisition Threshold

- **Project ID:** Enter the identification (ID) number for the proposed acquisition, such as requisition number, proposed solicitation number, project planning number, or other number required by the OPDIV. If an identifier has not been assigned, leave blank.
- **NAICS Code:** Specify the North American Industry Classification System (NAICS) code that best describes the principal nature of the product(s) or service(s) to be acquired (see FAR 19.102).
- **Product or Service Description:** Enter a descriptive title or brief description of the product(s) or service(s) to be acquired.
- **Related Acquisitions:** Specify whether this acquisition is directly related to one or more acquisitions/investments/projects; and identify existing contract number(s) and associated period(s) of performance .
- **Estimated Dollar Value:** Specify the estimated total dollar value of the proposed acquisition, including options.
- **Action Type:** Indicate whether the proposed acquisition is a new requirement, follow-on, or other action.
- **Acquisition Method:** Specify the acquisition method for the proposed acquisition by entering one of the following:
 - For an 8(a) set-aside, enter: "8(a) set-aside."
 - For a HUBZone set-aside, enter: "HUBZone set-aside."

- For a service-disabled, veteran-owned small business set-aside, enter: “SDVOSB set-aside.” ○ For a small-business set-aside, enter: “SB set-aside.”
 - For a partial small-business set-aside, enter: “Partial SB set-aside.”
 - For a full and open competition; full and open competition after exclusion of sources [e.g., competitive 8(a) or small business set-aside] and competitive task/delivery order; enter: “Competitive.”
 - For noncompetitive, noncompetitive follow-on actions, and noncompetitive task/delivery orders; enter: “Noncompetitive.”
 - For commercial item acquisitions, enter: “Commercial Item – competitive” or “Commercial Item – noncompetitive.”
 - For a task or delivery order under an IDIQ contract, Federal Supply Schedule (FSS), or GWAC, enter: (i) “Task order” or “Delivery order” and (ii) “IDIQ,” “FSS,” or “GWAC.” For a call under a Blanket Purchasing Agreement (BPA), enter “call – BPA.”
 - If the acquisition method has not been determined, enter: “TBD” (for “To Be Determined.”)
- **Acquisition Package Due Date:** Identify due date for project officer to submit an acquisition plan to the contracting officer.
 - **Planned Solicitation Date:** Estimate the month and calendar year when the planned solicitation will be issued. If the planned solicitation date has not been determined, enter: “TBD.”
 - **Planned Award Date:** Estimate the month and calendar year for award of the proposed acquisition. If the planned award date has not been determined, enter: “TBD.”
 - **Acquisition Contact Point:** Specify the name, telephone number, and e-mail address of the Contracting Officer or Contract Specialist for the proposed acquisition. NOTE: The individual specified may be contacted by prospective offerors for further information (e.g., if the acquisition is listed in the OSDBU’s Forecast of HHS’ Contracting Opportunities).
 - **Project Officer/COTR:** Specify the name, telephone number, and e-mail address of the Project Officer for new acquisitions and of the Contracting Officer’s Technical Representative for modifications.

Part 2: Assisted Contracts Requiring Approval of the Assigned Contracting Office

- **Project ID:** Enter an identification (ID) number--such as requisition number, project planning number, or other number required by the OPDIV--for the proposed acquisition. If an identifier has not been assigned, leave blank.
- **Contracting Authority:** For proposed multi-agency assisted contracts, enter the authority, such as the Economy Act (EA) (when no other more specific authority applies); the Clinger-Cohen Act [40 USC 11302(e)] for acquisitions to be placed as orders under GWACs; or the Government Management Reform Act (P.L. 103-356) (GMRA) for acquisitions to be placed by organizations established under franchise fund authority. For proposed intra-agency assisted contracts, enter "Intra-agency."
- **Product or Service Description:** Enter a descriptive title or brief description of the product(s) or service(s) to be acquired.
- **Estimated Dollar Value:** Estimate the total dollar value of the proposed acquisition, including options.
- **Planned Servicing Contracting Office:** Specify the proposed servicing contracting office.
- **Estimated Fee:** Specify the fee the servicing contracting office will charge for assisting with the acquisition. If none, enter "none."
- **Justification for Assisted Contract:** Summarize the reason or reasons for selecting the proposed servicing contracting office. .
- **Planned Contracting Officer's Technical Representative:** Specify the expected COTR or other HHS employee most responsible for monitoring the proposed acquisition and subsequent performance of the contract.

Part 3: New Acquisitions and Modifications¹ Estimated to Be Less than or Equal to the Simplified Acquisition Threshold

- **Estimated Dollars:** For each quarter of the fiscal year, estimate the total dollar value of all anticipated actions less than or equal to the simplified acquisition threshold. Estimate the total for the fiscal year.

¹ Whether using simplified acquisition procedures or other procedures

- **Number of Actions:** *For each quarter of the fiscal year, estimate the number of all anticipated actions less than or equal to the simplified acquisition threshold. Estimate the total for the fiscal year.*

AAP Template

Annual Acquisition Plan for Fiscal Year: _____

Operating Division (OPDIV): _____

Subcomponent: _____

Part 1: New Acquisitions and Modifications Estimated to Exceed the Simplified Acquisition Threshold

Project ID	NAICS Code	Product or Service Description	Related Acquisitions	Estimated Dollar Value	Action Type	Acquisition Method	Acquisition Package Due Date	Planned Solicitation Date	Planned Award Date	Acquisition Contact Point	Pr

Part 2: Assisted Contracts Requiring Approval of the Assigned Contracting Office

Project ID	Contracting Authority	Product or Service Description	Estimated Dollar Value	Planned Servicing Contracting Office, Estimated Fee, and	Justification for Assisted Contract	Planned COTR

Part 3: New Acquisitions and Modifications¹ Estimated to Be Less than or Equal to the Simplified Acquisition Threshold

First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Total	
Estimated Dollars	Number of Actions	Estimated Dollars	Number of Actions	Estimated Dollars	Number of Actions	Estimated Dollars	Number of Actions	Estimated Dollars	Number of Actions

¹ Whether using simplified acquisition procedures or other procedures