DEPARTMENT OF HEALTH \& HUMAN SERVICES
Public Health Service

## CHARTER

## ACQUISITION MANAGEMENT COMMITTEE

## I. BACKGROUND:

In 1972, the NIH established the Research Contracting Committee (RCC) to address agency contracting matters. The Station Support Contracting Committee supplemented The RCC in 1989. In 1991, the two groups merged and formed the Contract Management Advisory Committee (CMAC). In 1994, the CMAC was expanded to encompass simplified acquisition and was renamed the Acquisition Management Committee (AMC).
II. PURPOSE:

As the leaders in the NIH acquisition community, the AMC shall endeavor to represent all members of the community in a forum that provides expert advice to the NIH Director and other senior NIH management personnel. The AMC will provide its members opportunity for a meaningful exchange of information and collaborative approach to meeting common challenges. The AMC will sponsor or conduct seminars, conferences, workshops, or other meetings for the purposes of increasing acquisition expertise and expanding professional development, as well as fostering communications and working relationships.

The AMC shall serve as the primary NIH source for advice to the NIH Head of the Contracting Activity; for review and discussion prior to the establishment of the NIH acquisition policies and procedures; for resolution of the NIH acquisition problems not unique to one acquisition component; and for advice and recommendations on Federal and Departmental acquisition regulation and policies and other decisions, statutes, and issuances that affect the acquisition community.
III. MEMBERSHIP:

The AMC full membership shall consist of the NIH Head of the Contracting Activity (HCA) who will serve as the AMC Chair and is a full member; Deputy Director, Office of Acquisition and Logistics Management, OALM;

Associate Director, Office of Acquisition Management and Policy, OAMP; and the ten (10) Directors of the Offices of Acquisition at NIH. All full members are considered Principals and, with the exception of the HCA, have one vote. The Deputy Director, OALM shall vote in the event of a tie vote.

Non-voting AMC members are the Associate Director, Office of Logistics and Acquisition Operations (OLAO); Director, Division of Acquisition Policy and Evaluation (OAMP); Director, Division of Information Technology Acquisition (OLAO); Director, Division of Financial Advisory Services (OAMP); and Director, Division of Simplified Acquisition Policy and Services (OAMP).

Non-voting liaison members shall be the Director, Office of Extramural Research; Director, Office of Financial Management; Director, Office of Intramural Research and representatives from the NIH Business System and nVision programs.

## IV. MEETINGS:

The purpose of the AMC meetings is as set forth in Section II above. These issues can be presented by members or nonmembers. Each of the thirteen full members will present, or arrange for presentation of, a topic at a meeting at least once per year.

The AMC shall meet on the second and fourth Tuesday of each month (excluding the fourth Tuesdays in September and December) at a location identified by the Chair. Full members, or their designees, are expected to attend all meetings. The Chair may call a special meeting at any time after providing sufficient notice.

Votes may be taken on an issue provided a quorum is present. A quorum shall consist of at least 51 percent (currently 7 members) of the voting membership. A request for a vote should only be made when an issue has been fully considered or determined to be an exigent situation. For purposes of this Charter, voting members and anyone representing a voting member will be considered in determining whether a quorum exists. Representatives of voting members are permitted to vote on behalf of a voting member.

## V. SUBCOMMITTEE(S):

The Chair and/or the members may identify certain issues which require more detailed consideration than can be accomplished at a meeting. In these instances, the AMC may elect to establish a subcommittee or working group, which may consist of both members and nonmembers, to review the matter and report back to the AMC. A voting member of the committee will normally chair any such subcommittee or group. Participation by NIH acquisition staff is encouraged.

Subcommittees may be standing or ad hoc. Standing subcommittees to the AMC are: AMC Acquisition Policy and Implementation Subcommittee; AMC Agenda Subcommittee, AMC Performance Measure Subcommittee, AMC Simplified Acquisition Subcommittee and AMC Symposium planning Subcommittee. Standing subcommittees are expected to meet regularly, and where deemed appropriate, may have their own charters, agendas, and meeting minutes. Ad hoc subcommittees will be formed for the purpose of vetting a specific issue. Once a recommendation has been presented to and accepted by the AMC the subcommittee may be disbanded.

## VI. RECORDS:

The Chair, with input from the AMC members and the AMC Agenda Subcommittee, shall establish an agenda in advance of each meeting and shall ensure its distribution, including any documents to be discussed at the meeting. The Chair shall ensure that minutes of each meeting are taken and disseminated to members and other interested parties. The minutes shall summarize the discussions of each agenda item and include the results of any vote and any specific actions taken/to be taken. Acceptance of the minutes shall be voted on at the AMC meetings.

Approved:
/s/
Date: 6/2/10
Diane J. Frasier
Head of the Contracting Activity and
Director, OALM, NIH

