**IARPA-BAA-20-01 Fillable Appendix Attachments**

* + A.1 -VOLUME 1: TECHNCIAL AND MANAGEMENT PROPOSAL COVERSHEET
  + A.2 - ACADEMIC INSTITUTION ACKNOWLEDGMENT LETTER SAMPLE
  + A.3 - INTELLECTUAL PROPERTY AND DATA RIGHTS ASSERTIONS FORM
  + A.4 - OCI CERTIFICATION LETTER SAMPLE
  + A.6 - VOLUME 2: COST PROPOSAL COVER SHEET
  + A.7 - VOLUME 2: COST ELEMENT BREAKDOWN SPREADSHEET

**Appendix A.1 Cover Sheet for Volume 1: Technical and Management Proposal**

|  |  |
| --- | --- |
| (1) BAA Number | **IARPA-BAA-20-01** |
| (2) Topic and Area of Interest –  (Reference BAA Section 2.2) |  |
| (3) Lead Organization Submitting Proposal |  |
| (4) Type of Business, Selected Among the Following Categories: “Large Business”, “Small Disadvantaged Business”, “Other Small Business”, “HBCU”, “MI”, “Other Educational”, or “Other Nonprofit” |  |
| (5) Offeror’s Reference Number (if any) |  |
| (6) Other Team Members (if applicable) and Type of Business for Each |  |
| (7) Proposal Title |  |
| (8) Technical Point of Contact to Include: Title, First Name, Last Name, Street Address, City, State, Zip Code, Telephone, Fax (if available), Electronic Mail (if available) |  |
| (9) Administrative Point of Contact to Include: Title, First Name, Last Name, Street Address, City, State, Zip Code, Telephone, Fax (if available), Electronic Mail (if available) |  |
| (10) Volume 1 no more than the specified page limit | Yes/No |
| (11) Restrictions on Intellectual property rights details provided in Appendix A format? | Yes/No |
| (12) Research Data Management Plan included? **Not Applicable** | Yes/No |
| (13) OCI Notification | Yes/No |
| (13a) If No, is written OCI certification included (see Appendix A)? | Yes/No |
| (14) Are one or more U.S. Academic Institutions part of your team? | Yes/No |
| (14a) If Yes, are you including an Academic Institution Acknowledgment Statement with your proposal for each U.S. Academic Institution that is part of your team (see Appendix A)? | Yes/No |
| (15) Total Funds Requested from IARPA and the Amount of Cost Share (if any) | $ |
| (16) Date of Proposal Submission |  |

**Appendix** **A.2 Academic Institution Acknowledgment Letter**

**-- Please Place on Official Letterhead --**

<Insert date>

To: Contracting Officer ODNI/IARPA

Office of the Director of National Intelligence Washington, D.C. 20511

Subject: Academic Institution Acknowledgment Letter Reference: Executive Order 12333, As Amended, Para 2.7

This letter is to acknowledge that the undersigned is the responsible official of <insert name of the academic institution>, authorized to approve the contractual relationship in support of the Office of the Director of National Intelligence’s Intelligence Advanced Research Projects Activity and this academic institution.

The undersigned further acknowledges that he/she is aware of the Intelligence Advanced Research Projects Activity’s proposed contractual relationship with <insert name of institution> through IARPA-BAA-20-01 and is hereby approved by the undersigned official, serving as the president, vice-president, chancellor, vice-chancellor, or provost of the institution.

<Name> Date

<Position>

**Appendix A.3**  **Intellectual Property and Data Rights Assertion**

**[Please provide here your good faith representation of ownership or possession of appropriate licensing rights to all IP that shall be utilized under the Program.]**

**Patents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PATENTS** | | | | |
| **Patent number (or application number)** | **Patent name** | **Inventor name(s)** | **Patent owner(s) or assignee** | **Incorporation into deliverable** |
| (LIST) | (LIST) | (LIST) | (LIST) | (Yes/No; applicable deliverable) |
|  |  |  |  |  |
|  |  |  |  |  |

1. Intended use of the patented invention(s) listed above in the conduct of the proposed research.
2. Description of license rights to make, use, offer to sell, or sell, if applicable, that are being offered to the Government in patented inventions listed above.
3. How the offered rights will permit the Government to reach its program goals (including transition) with the rights offered.
4. Cost to the Government to acquire additional or alternative rights, if applicable.
5. Alternatives, if any, that would permit IARPA to achieve program goals.

**Data (Including Technical Data and Computer Software)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NONCOMMERCIAL ITEMS** | | | |
| **Technical Data, Computer Software To be Furnished With Restrictions** | **Basis for Assertion** | **Asserted Rights Category** | **Name of Person Asserting Restrictions** |
| (LIST) | (LIST) | (LIST) | (LIST) |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMERCIAL ITEMS** | | | |
| **Technical Data, Computer Software To be Furnished With Restrictions** | **Basis for Assertion** | **Asserted Rights Category** | **Name of Person Asserting Restrictions** |
| (LIST) | (LIST) | (LIST) | (LIST) |
|  |  |  |  |
|  |  |  |  |

1. Intended use of the data, including, technical data and computer software, listed above in the conduct of the proposed research.
2. Description of Asserted Rights Categories, specifying restrictions on Government’s ability to use, modify, reproduce, release, perform, display, or disclose technical data, computer software, and deliverables incorporating technical data and computer software listed above.
3. How the offered rights will permit the Government to reach its program goals (including transition) with the rights offered.
4. Cost to the Government to acquire additional or alternative rights, if applicable.
5. Alternatives, if any, that would permit IARPA to achieve program goals.

**Appendix A.4** **Organizational Conflicts of Interest Certification Letter**

(Month DD, YYYY)

Office of the Director of National Intelligence

Intelligence Advanced Research Projects Activity (IARPA) COVID-19 Seedling ResearchTopics BAA

ATTN: Contracting Officer

ODNI/IARPA

Washington, DC 20511

Subject: OCI Certification

Reference: <Insert Program Name>, IARPA-BAA-20-01, (Insert assigned proposal ID#, if received)

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

In accordance with IARPA Broad Agency Announcement IARPA-BAA-20-01, Organizational Conflicts of Interest (OCI), and on behalf of (Offeror name) I certify that neither (Offeror name) nor any of our subcontractor teammates has as a potential conflict of interest, real or perceived, as it pertains to the COVID-19 Related Topics BAA. Please note the following subcontractors and their proposed roles:

[Please list all proposed contractors by name with a brief description of their proposed involvement.]

If you have any questions, or need any additional information, please contact (Insert name of contact) at (Insert phone number) or (Insert e-mail address).

Sincerely,

(Insert organization name) (Shall be signed by an official that has the authority to bind the organization)

(Insert signature)

(Insert name of signatory) (Insert title of signatory)

**Appendix A.6** **Cover Sheet for Volume 2 Cost/Price Proposal**

|  |  |
| --- | --- |
| (1) BAA Number | **IARPA-BAA-20-01** |
| (2) Topic and Area of Interest:  (See BAA Section 2.2) |  |
| (3) Lead organization submitting proposal |  |
| (4) Type of Business, Selected Among the Following Categories: “Large Business”, “Small Disadvantaged Business”, “Other Small Business”, “HBCU”, “MI”, “Other Educational”, or “Other Nonprofit” |  |
| (5) Offeror’s Reference Number (if any) |  |
| (6) Other Team Members (if applicable) and Type of Business for Each |  |
| (7) Proposal Title |  |
| (8) Technical Point of Contact to Include: Title, First Name, Last Name, Street Address, City, State, Zip Code, Telephone, Fax (if available), Electronic Mail (if available) |  |
| (9) Administrative Point of Contact to Include: Title, First Name, Last Name, Street Address, City, State, Zip Code, Telephone, Fax (if available), Electronic Mail (if available) |  |
| (10) Contract type/award Instrument Requested: specify |  |
| (11) Place(s) and Period(s) of Performance |  |
| (12) Total Proposed Cost Separated by Basic Award and Option(s) (if any) |  |
| (13) Name, Address, Telephone Number of the Offeror’s Defense Contract Management Agency (DCMA) Administration Office or Equivalent Cognizant Contract Administration Entity, if Known |  |
| (14) Name, Address, Telephone Number of the Offeror’s Defense Contract Audit Agency (DCAA) Audit Office or Equivalent Cognizant Contract Audit Entity, if Known |  |
| (15) Date Proposal was Prepared |  |
| (16) DUNS Number |  |
| (17) TIN Number |  |
| (18) CAGE Code |  |
| (19) Proposal Validity Period |  |
| (20) Cost Summaries Provided |  |
| (21) Size of Business in accordance with NAICS Code 541712 |  |

**Appendix A.7** **Contractor/Subcontractor Cost Element Sheet for Volume 2 Cost Proposal**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prime Contractor/Subcontractor Cost Element Sheet for Volume 2 Cost Proposal | | | | | | | | |
| Complete a Summary Cost Element Sheet and separate sheets for the Base Period and each Option Period | | | | | | | | |
| COST ELEMENT | | | BASE | | RATE | | AMT | |
| DIRECT LABOR (List each labor category separately. Identify Key Personnel by name.) | | | # of Hours | | $ | | $ | |
| TOTAL DIRECT LABOR | | |  | |  | | $ | |
| FRINGE BENEFITS | | | $ | | % | | $ | |
| TOTAL LABOR OVERHEAD | | | $ | | % | | $ | |
| SUBCONTRACTORS, IOTS, CONSULTANTS  (List separately. See below table.) | | |  | |  | | $ | |
| MATERIALS & EQUIPMENT (List each  material and equipment item separately.) | | | Quantity | | $ unit price | | $ | |
| SOFTWARE & IP  (List separately. See table below.) | | | $ | | $ | | $ | |
| TOTAL MATERIALS & EQUIPMENT | | |  | |  | | $ | |
| MATERIAL OVERHEAD | | | $ | | % | | $ | |
| TRAVEL (List each trip separately.) | | | # of travelers | | $ price per traveler | | $ | |
| TOTAL TRAVEL | | |  | |  | | $ | |
| OTHER DIRECT COSTS (List each item separately.) | | | Quantity | | $ unit price | | $ | |
| TOTAL ODCs | | |  | |  | | $ | |
| G&A | | | $ | | % | | $ | |
| SUBTOTAL COSTS | | |  | |  | | $ | |
| COST OF MONEY | | | $ | | % | | $ | |
| TOTAL COST | | |  | |  | | $ | |
| PROFIT/FEE | | | $ | | % | | $ | |
| TOTAL PRICE/COST | | |  | |  | | $ | |
| GOVERNMENT SHARE, IF APPLICABLE | | |  | |  | | $ | |
| RECIPIENT SHARE, IF APPLICABLE | | |  | |  | | $ | |
| SUBCONTRACTORS/IOTs) & CONSULTANTS PRICE SUMMARY | | | | | | | | |
| A | B | C | | D | | E | | F |
| SUB- CONTRACTOR IOT & CONSULTANT NAME | SOW TASKS PERFORMED\* | TYPE OF AWARD | | SUB- CONTRAC- TOR, IOT & CONSULTANT QUOTED PRICE | | COST PROPOSED BY PRIME FOR SUBCONTRACTOR, IOT & CONSULTANT | | DIFFERENCE  (Column D - Column E) IF APPLICABLE |
| TOTALS |  |  | |  | |  | |  |
| \*Identify Statement of Work, Milestone or Work Breakdown Structure paragraph, or provide a narrative explanation as an addendum to this Table that describes the effort to be performed. | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Software and IP Costs** | | | |
| **Item** | **Cost** | **Date of Expiration** |
| (List) |  |  |
|  |  |  |
|  |  |  |

NOTE: Educational institutions and non-profit organizations as defined in FAR 31.3 and 31.7, respectively, at the prime and subcontractor level may deviate from the cost template in Appendix B when estimating the direct labor portion of the proposal to allow for OMB guided accounting methods (2 CFR 220) that are used by their institutions. The methodology shall be clear and provide sufficient detail to substantiate proposed labor costs. For example, each labor category shall be listed separately; identify Key Personnel and provide hours/rates or salaries and percentage of time allocated to the project.