

**AGREEMENT BETWEEN HISTORICALLY BLACK COLLEGE/UNIVERSITY  
(HBCU)/MINORITY INSTITUTION (MI)  
AND TIPSS-4 PRIME CONTRACTOR**

(HBCU/MI Name)

And

(Contractor Name)

This Agreement is entered by and between the (HBCU/MI Name) and (Contractor Name) for the purpose of clearly defining partner roles and responsibilities in the implementation of this agreement.

This Agreement may be amended, if mutually agreed upon, to change scope and terms of the Agreement. Such changes shall be incorporated as a written amendment to this Agreement and submitted to the Contracting Officer of the TIPSS-4 contract. If this Agreement is terminated by either party, written notice is due from the prime contractor to the contract/task order Contracting Officer within 30 days prior to the effective termination date.

**SCOPE:** Prime contract holders will maintain an Agreement with Historical Black Colleges and Universities (HBCUs), as well as Minority Institutions (MIs), throughout the life of the contract.

**ROLES AND RESPONSIBILITIES:**

1. The prime contract holder will provide opportunity to the HBCU/MI in their efforts in completing customer requirements under the TIPSS-4 contract.
2. Provide guidance and leadership to the HBCU/MI from a business perspective.
3. Primes will exercise their ability to use the skills of the HBCU/MI to the maximum extent practicable.
4. Primes will oversee the work performance outcome of the HBCU/MI before it is submitted to the Government.
5. HBCUs and MIs will work within the terms and conditions of this Agreement.

**COLLABORATION:**

1. Hold meetings to collaborate and get a well-defined understanding of procurement requirements.
2. Share in decision-making through consensus regarding performance work outcomes.

3. HBCUs and MIs will ensure that they are available and follow all terms and conditions issued by the prime contractor.

**COMPLIANCE:**

HBCU/MI agree to the terms and conditions of this Agreement and the terms and conditions of the TIPSS-4 contract.

**OWNERSHIP:**

HBCU/MI will share in ownership of all information, documentation and or data that are produced under this Agreement.

**PERIOD OF PERFORMANCE:**

( Please insert Date)

**Contractor**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address of Prime Contract Holder:

Title:

Date:

**HBCU or MI**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address:

Title:

Date:

Offerors are requested to provide information regarding the following items in sufficient detail to allow a full and complete business evaluation. If the question indicated is not applicable or the answer is none, it should be annotated.

(a) Prime Contractor's Name: \_\_\_\_\_

(b) Address:

\_\_\_\_\_

\_\_\_\_\_

(c) Telephone Number: \_\_\_\_\_

(d) Company Representative (Signature): \_\_\_\_\_

(e) **Historically Black College/University:**

HBCU Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(f) HBCU Representative (Signature): \_\_\_\_\_

Please provide the following information about your HBCU:

Sales:

Government cost-reimbursement type prime contracts and subcontracts  
..... \$ \_\_\_\_\_  
Government fixed-price prime contracts and subcontracts ..... \$ \_\_\_\_\_  
Commercial Sales ..... \$ \_\_\_\_\_  
Total Sales ..... \$ \_\_\_\_\_

(2) Total Sales for first and second fiscal years immediately preceding last completed fiscal year:

Total Sales for First Preceding Fiscal Year ..... \$ \_\_\_\_\_

Total Sales for Second Preceding Fiscal Year ..... \$ \_\_\_\_\_

(g) Date HCBU Organized for Federal Contracting: \_\_\_\_\_

Comment [11]: Make sure numbering is correct after changes are accepted.

(h) Manpower:

Total Employees: \_\_\_\_\_

Direct: \_\_\_\_\_

Indirect: \_\_\_\_\_

Standard Work Week (Hours): \_\_\_\_\_

(i) Commercial Products: \_\_\_\_\_

(j) Description of University/Institution system of estimating and accumulating costs under Government contracts. (Check appropriate blocks.)

Estimated/ Standard

Estimating System:	Actual Cost	Cost
Job Order .....	_____	_____
Process .....	_____	_____
Accumulating System:		
Job Order .....	_____	_____
Process .....	_____	_____

Has your cost estimating system been approved by any Government Agency?  
 Yes \_\_\_\_ No \_\_\_\_

If yes, give name, date of approval, and location of agency:

\_\_\_\_\_

Has your cost accumulation system been approved by any Government Agency? Yes \_\_\_\_ No \_\_\_\_

If yes, give name, date of approval, and location of agency:

\_\_\_\_\_

(k) What is your fiscal year period? (Give month-to-month dates):

\_\_\_\_\_

(l) Provide indirect cost rates for your last completed fiscal year.

Fiscal Year: _____	Indirect Rate	Basis of Allocation
Fringe Benefits .....	_____	_____
Overhead .....	_____	_____
G&A .....	_____	_____
Other .....	_____	_____

(m) Have the proposed indirect cost rate (s) been evaluated and accepted by any Government agency? Yes \_\_\_\_ No \_\_\_\_

If yes, give name, date of approval, and location of the Government agency (provide a copy of the latest indirect rate agreement):

\_\_\_\_\_

Date of last pre-award audit review by a Government agency: \_\_\_\_\_

If no, data supporting the proposed rates must accompany the cost or price proposal. A breakdown of the items comprising overhead and G&A must be furnished.

(n) Cost estimating is performed by:  
Accounting Department \_\_\_\_\_  
Contracting Department \_\_\_\_\_  
Other (describe) \_\_\_\_\_

(o) Has system of control of Government property been approved by a Government agency? Yes \_\_\_\_ No \_\_\_\_

If yes, give name, date of approval, and location of the Government agency:

\_\_\_\_\_

(p) Purchasing System: FAR 44.302 requires the cognizant Government agency to conduct a Contractor Purchasing System Review for each contractor whose sales to the Government, using other than sealed bid procedures, are expected to exceed \$25 million (annual billings) during the next twelve months. The \$25 million sales threshold is comprised of prime contracts, subcontractors under Government prime contracts, and modifications (except when the negotiated price is based on established catalog or market prices or is set by law or regulation).

Has your purchasing system been approved by a Government agency?  
Yes \_\_\_\_ No \_\_\_\_

If yes, give name, period of approval and location of the Government agency:

\_\_\_\_\_

If no, do you estimate that your negotiated sales to the Government during the next twelve months will meet the \$25 million threshold?

Yes \_\_\_\_ No \_\_\_\_

Are your purchasing policies and procedures written?

Yes \_\_\_\_ No \_\_\_\_

(q) Cost Accounting Standards (CAS):

Are you subject to CAS? Yes \_\_\_\_ No \_\_\_\_ Full \_\_\_\_ Modified \_\_\_\_

If yes, do you have any outstanding CAS violations? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide each CAS standard cited and details of citation (s).

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If no, please indicate reason for CAS exemption:

Small Business \_\_\_\_ Monetary Threshold \_\_\_\_ Other \_\_\_\_ (please describe) \_\_\_\_\_

(r) Additionally, offerors shall submit current financial statements, including a Balance Sheet, Statement of Income (Loss) and Cash Flow for the last two completed fiscal years. Specify resources available to perform the contract without assistance from any outside source. If sufficient resources are not available, indicate in the proposal the amount required and the anticipated source (i.e., bank loans, letter or lines of credit, etc...); in addition, provide a copy of the letter from the bank and names/phone numbers of bank representatives available to confirm the financing arrangement.