SAMPLE IPA PACKAGE

NCI ROUTE SLIP-OWM			
	DATE IN	DATE OUT	INITIALS
HR POC (fill in name Marc Foltz)	8/6/15	8/6/15	
ARC Director			
Office of Workforce Management NCI Standing Committee ☐			
Michelle Palmer Special Assistant to DDM, NCI			
Lynn Austin, Ph.D. Deputy Director for Management, NCI			
Douglas R. Lowy, M.D. Acting Director, NCI			
Michelle Palmer Special Assistant to DDM, NCI			
Office of Workforce Management			
Return Package to: Chiquita Savoy Bldg/Rm: 9609/4W554			

Name: [redacted]

Proposed Effective Date: 8/10/2015

Title:

Division/ Office/ Center: DCTD/CIP

Type of Action:

New Appt ■ Conversion ☐ Pay Adjustment: Exceptional ☐ Quadrennial ☐

Renewal/Extension ☐ Length: _____ ☐ Retention/Recruitment Incentives ☐ Amount: $ _____

Cash Award ■ Amount: $_____ Other Action ☐ _____

T42 ☐ T5 ☐ T38☐ SBRS ☐ Re-employed Annuitant ☐ IPA ■ Comm. Corps ☐ Other ☐ _____

Proposed Salary: $36,561.19 Proposed Band: N/A Proposed Tier: N/A

Additional Reviews:
☐ NCI Standing Committee
☐ DDIR
☐ ETFC
☐ NCC/ NCC-P

EXECUTIVE SUMMARY

Request of approval for Assignment Agreement Under the Intergovernmental Personnel Act (IPA) for [redacted], [redacted] Professor of Oncology, Wayne State University.

From: (List person to whom questions should be directed)

Name: Chiquita Savoy Title: Administrative Officer

Bldg.: 9609 Rm.: 4W554 Phone: 240-276-6013

IPA Agreement Financial Processing Cover Sheet

Point of Contact and IC: Chiquita Savoy
Date: _____

Type of transaction: (click box to check)

X New agreement
☐ Termination of Agreement
☐ Extension/Modification of Agreement
☐ Other:

Accounting Information:

Assignee Name: [redacted]

Name of non-Federal organization: Wayne State University

DUNS of non-Federal organization: 001962224

Amount to be obligated (should equal the federal share agreement amount): $36,561.19

Amount to be deobligated: N/A

CAN: 8381444 NBS # (if existing agreement): N/A

If more than one IC is sponsoring provide CAN and amount to be obligated for each IC (total of all amounts should equal the federal share agreement amount):

IC: _____ Amount: _____ CAN: _____
IC: _____ Amount: _____ CAN: _____
IC: _____ Amount: _____ CAN: _____

Certifications:

	Yes	No
This agreement has been reviewed by PPAG :	X	☐
The travel in this agreement has been reviewed by the appropriate travel official:	X	☐
Funds Availability verified:	X	☐

Submit this form with the approved agreement (OF 69), the approved Extension/Modification, or other documentation to Darrell Barrett, 2115 E Jefferson St, Rockville, MD 20857, Room 3C-320H.

Obligations cannot be made from this form alone. The approved agreement, extension/modification, or other documentation must be included.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

IPA ASSIGNMENT AGREEMENT

TITLE IV of the
Intergovernmental Personnel Act of 1970
(5 USC 3371-3376)

NBS Purchase Order Number:

INSTRUCTIONS

This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment arranged under the provisions of the Intergovernmental Personnel Act of 1970.

The term "State or local government," when appearing on this form, also refers to an institution of higher education, an Indian tribal government, and any other eligible organization.

Copies of the completed and signed agreement should be retained by each signatory.

Procedural questions on completing the assignment form or other aspects relating to the mobility program should be addressed to either mobility program coordinators in each Federal agency or to the staff in the Personnel Mobility Program in the Office of Personnel Management's regional office.

PART 1 – NATURE OF THE ASSIGNMENT AGREEMENT

1A. Origin of the Assignment Agreement

- [X] New agreement
- [ ] Modification of existing agreement*
- [ ] Extension of existing agreement
- [ ] Modification and extension of existing agreement*

* See Part(s) _____ for items modified.

1B. Category of the Assignment Agreement

- [✓] Regular purpose assignment as defined in HHS-334-1-40

PART 2 – INFORMATION ON PARTICIPATING EMPLOYEE

2. Name (Last, First, Middle)
[redacted]

3. NBS Purchase Order Number (to be provided by OFM)

4. Street Address
[redacted]

City [redacted] | State [redacted] | ZIP [redacted]1

5A. Has assignee served on a previous IPA assignment?

- [ ] Yes (complete 5B)
- [X] No (skip 5B)

5B. Dates of previous IPA assignment(s)?

From _____ To _____
From _____ To _____
From _____ To _____
From _____ To _____

PART 3 – PARTIES TO THE AGREEMENT

6. Federal Agency *(List office or organizational unit which is party to the agreement.)*
Cancer Imaging Program
National Cancer Institute

7. Eligible Non-Federal Co-Sponsor (must be a certified IPA organization)
Wayne State University

8. Is assignment being made through a faculty fellow program? * [ ] YES [X] NO

If Yes, give name of program _____

* Note: Student participants in faculty fellow programs are ineligible for assignment under the provisions of this agreement.

PART 4 – POSITION DATA ON PARTICIPATING EMPLOYEE

A – POSITION CURRENTLY HELD

9. Employment Office Name
Wayne State University

Building
Ste 3638 A/AB

Telephone *(with Area Code)*
[redacted]

Street Address
5700 Cass Avenue

City
Detroit

State
MI

ZIP
48202-4050

10. Employee's Position and Title
Professor of Oncology

11. Original Date Employed by Permanent Employer
July 15, 1995

12. Immediate Supervisor Name
[redacted]

Immediate Supervisor Title
Chairman, Department of Oncology

FSC Publishing Services (301) 443-6740 EF

B – TYPE OF CURRENT APPOINTMENT

13. Federal employees *(Check appropriate item)*

☐ Career Competitive

☐ Other *(Specify)*: _____

Indicate Grade Level: _____ and Salary: _____

14. Non-Federal Employees

Current Non-Federal Annual Salary: * [redacted]

* Do not include estimated salary increases. *Salary must be the actual salary paid by the Institution; It May Not Be Adjusted For The Purpose of this Assignment.* Willful false statements on this form can be punished by a fine, imprisonment or both in accordance with Title 18, U.S.C., Section 1001.

Indicate if salary is paid on an annual or academic basis.

☒ Annual Basis

☐ Academic Basis

C – POSITION TO WHICH ASSIGNMENT WILL BE MADE

15. Employment Office Name	Building	Telephone *(with Area Code)*	
Cancer Imaging Program	Shady Grove	240-276-6510	
Street Address	**City**	**State**	**ZIP**
9609 Medical Center Drive	Bethesda	MD	20892
16. Assignee's Position and Title		**17. Office Phone *(with Area Code)***	
Medical Officer		[redacted]	
18. Immediate Supervisor Name	**Immediate Supervisor Title**		
[redacted]	Associate Director		

PART 5 – TYPE OF ASSIGNMENT

19. Check appropriate item and initiate SF-52 (if appropriate)

☐ On detail from a Federal agency

☐ On leave without pay from Federal agency

☒ On detail to a Federal agency

☐ On appointment in a Federal agency

20. Period of assignment *(Month, Day, Year)*

From: 8/09/2015 To: 8/08/2016

PART 6 – REASON FOR MOBILITY ASSIGNMENT

21. Indicate the reasons for this mobility assignment and discuss how the work will benefit the participating Federal and Non-Federal co-sponsoring organizations. In addition, indicate how the employee's newly acquired skills will be used at the completion of this assignment.

As a senior oncologist with extensive imaging experience in both early trials and in clinical care, [redacted] will undertake to evaluate the range of early trials NCI/DCTD is performing in oncology therapeutics and analyze the appropriateness and value of the imaging techniques we are (and are not) using in those trials. He will make recommendations for changes in imaging used in these trials and in the process whereby they are chosen for inclusion. This activity is anticipated to take approximately 0.5 days a week, generally served as 1 week each quarter on site and the remaining time at his normal duty site (Detroit) while in electronic contact with NCI staff.

PART 7 – POSITION DESCRIPTION (complete 22A or 22B)

22A. Unclassified duties described below are at approximately the same level of difficulty of duties of permanent assignment.

CIP medical officer with imaging expertise providing expert advice and leadership with trial design, concept, and protocol review; trial monitoring and audit functions; and handling of adverse events as study sponsors. [redacted] will apply all of these skills in the performance of the duties listed below.

A significant investment of CIP's resources is directed to the funding and oversight of a range of clinical trials that involve the investigation of imaging methodology or the application of imaging in therapeutic trials. CIP supports a growing portfolio of clinical trials which use or evaluate imaging in an integral or integrated manner. CIP funds and directs a diverse portfolio of trials ranging from first in man Phase 0 or exploratory investigational new drug (IND) trials to large Phase 3 trials. For early phase trials, CIP frequently files and manages the IND. The early phase clinical trials are conducted primarily through the Early Clinical Trials Network (ETCTN), which is a consortia established to evaluate novel therapeutics in a Phase I and early Phase II setting and through the intramural program in Center for Cancer Research. Advanced imaging techniques and modalities, when applicable, are used to assist in the drug development process. Larger trials are managed through collaboration and oversight of cooperative group trials within the National Clinical Trials Network (NCTN) including the primary imaging research being performed by ECOG-ACRIN. A number of trials are designed to validate imaging as a biomarker especially related to therapeutic drug development.

22B. A classified description of duties is attached for:

☐ LWOP/appointment assignment

☒ Detail assignment significantly different in difficulty from duties of permanent assignment

PART 8 – EMPLOYEE BENEFITS

23. Annual Basic Pay (12 mos.): * [redacted]

* Should match amount indicated in Part 4-B-14.

24. Special Pay Conditions:

☐ Routine adjustments in salary (applying to all employees, or to individual employees after a prescribed length of service or as a merit pay adjustment for this assignee) and benefit costs will be reported on quarterly or other periodic billings between co-sponsors and shared at the established cost-sharing ratio for that category without a revision of the agreement document.

☐ Other: _____

25A. Annual leave benefits for which assigned employee is eligible

6.65 hours bi-weekly up to 173 hours per year

25B. Sick leave benefits for which employee is eligible

22 days per year up to 990 hours

25C. Official authorized to approve annual or sick leave

[redacted]

25D. Periodic time and attendance reports to be provided by telephone, with written confirmation to follow:

☒ Every: Month

☐ Not Applicable

25E. Co-sponsor officials designated to communicate time and attendance information.

Designated Reporter

Name: [redacted]

Title: Associate Director, CIP, DCTD, NCI

Telephone: [redacted]

Address: 9609 Medical Ctr Dr Bethesda, MD 20892

Designated Report Receiver *(Permanent Employer)*

Name: [redacted]

Title: Manager, Academic Human Resources

Telephone: [redacted]

Address: 4100 John R. Detroit, MI 48201

25F. Determination of post-assessment financial adjustment for annual leave accrued vs. annual leave used *(check one only)*:

☒ Employer co-sponsors agree that assignee will accrue and use annual leave as needed with no post-assignment financial adjustment.

☐ Employer co-sponsors agree that a post-assignment settlement for annual leave accrued versus annual leave used will be made for annual leave accrued during the IPA assignment period.

PART 9 – OPTIONS (Fill out only one - Federal Benefits Options Or Non-Federal Benefits Options)

26. Federal Benefits Options

A. Federal Employees Group Life Insurance (FEGLI)	Required	Elected	Declined	N/A	Annual Cost
Basic Coverage				X	
Option A				X	no gov't costs
Option B ☐x1 ☐x2 ☐x3 ☐x4 ☐x5				X	no gov't costs
Option C				X	no gov't costs
B1. Federal Employees Retirement (FERS)				X	
B2. Federal Withholding for Medicare only (Federal employees)				X	
B3. Payroll Withholding for (all) Social Security Programs				X	
C. Federal Employee Health Benefits				X	
D. TOTAL Federal Government Employer Costs (to be carried to Block 31-A, line 2, first column)				X	

27. Non-Federal Benefit Options*

Benefit	Pay Period Cost (to employer)	Annualized Costs (to employer)
Health	$530.14	$13,783.64
Dental	$28.82	$749.32
Life Insurance	$41.31	$1,074.14
Retirement	$857.96	$22,306.96
TOTAL *(to be carried to Block 31-A, line 2, first column)*		$37,914.06

* Exclude any administrative or tuition costs.

28. Other Benefits (Indicate any other employee benefits to be made part of this agreement.)

PART 10 – TRAVEL AND TRANSPORTATION EXPENSES AND ALLOWANCES

29A. Travel and transportation expenses (including movement of household goods) to and from the assignment, or per diem allowances in lieu of movement of household goods: how expenses will be billed and paid or reimbursed. (Use Transportation/Per Diem vs. Limited Relocation Allowances Cost Comparison Worksheet).

TOTAL Allowable Costs (to be carried to Block 31A, line 5, first column): $10377.08

29B. Other travel, transportation, meeting or conference attendance costs, etc., for which assignee will be supported or reimbursed, and which co-sponsor will reimburse or support during period of assignment (guaranteed to assignee but NOT cost-shared by co-sponsors).

PART 11 – FISCAL OBLIGATIONS

30A. Determine the relative benefit to each organization based on the Assignment Purposes listed below. Place a number in the boxes under Federal and/or Non-Federal organization(s) as follows: -0- Not Applicable; -1- Lesser Purpose(s); -2- Principal Purpose(s). There must be a mutual benefit to the Federal and Non-Federal organizations.

Principal purposes of the Assignment	Federal	Non-Federal
• Developmental Opportunity for Assignee (Benefits sending organization)	0	0
• Supports agency mission (Benefits sending organization)	0	0
• Supports Government-wide Initiatives (Benefits receiving organization)	2	0
• Strengthens Intergovernmental Relations (Benefits both organizations)	1	1
• Meets Temporary Need/Skilled Personnel (Benefits receiving organization)	0	0
• Share Scarce Expertise (Benefits receiving organization)	2	0
• Assists in Transfer of New Ideas/Technology (Benefits receiving organization)	2	1
• Other (Specify):		
TOTALS	A. 7	B 2

30B. Compute Benefit Ratio

On the basis of 100%, determine what percentage of the benefits from the assignment will be received by each organization (e.g. Federal 40%, Non-Federal 60%).

1. (A) + (B) = (C) 9
2. (A) / (C) = 78 % Benefit to Federal
3. (B) / (C) = 22 % Benefit to Non-Federal

31A. Cost Sharing of Salary and Allowable Expenses (at rates of first day of assignment/extension): NOTE: Only a few fields in this table are fillable, the rest are automatically calculated upon tabbing. If you change the data in these fillable fields, you must tab through the rest of the table to cause your changes to be recalculated.

Cost Type	Total Costs	Federal Share	Non-Federal Share	Ratio
*Annual Salary (or monthly salary annualized)	$223,927.00	$22,392.70	$201,534.30	10 / 90
*Annual Employer Cost for Employee Benefits *(To calculate Federal Benefits Options see item 26, non-Federal Benefits Options see item 27)*	$37,914.06	$3,791.41	$34,122.65	10 / 90
Total Annualized Salary and Benefits Costs	$261,841.06	$26,184.11	$235,656.95	0.11 / 1
Salary and Benefits Costs over Assigned Period **Length of Assignment Multiplier x 1	$261,841.06	$26,184.11	$235,656.95	0.11 / 1
***Federally Authorized Relocation Expenses *(Total Costs correspond to line 29A)*	$10,377.08	10,377.08		100 / 0
Pre-assignment Calculation of Assignment Costs	$271,841.06	36,561.19	$235,656.95	0.11 / 1

* Salary and benefits costs are arbitrarily those as of the first day of the proposed assignment or extension *(adjustments for changes in pay and benefits during assignment are recorded in Block 24)*.

** Examples: 2 years would be: x 2; 8 months would be: x .67; 1 year would be: x 1.

*** Return trip costs at end of assignment are arbitrarily those of initial relocation unless a different method of return is planned *(exclude expected job-related travel expenses during assignment period which assignee will bill to gaining co-sponsor in the same manner as other employees of the gaining co-sponsor)*.

31B. Determination of Need for Variance Approval

	Federal/Non-Federal
Benefit Ratio (Block 30B)	78 / 22
Cost Sharing Commitments (Annual Salary ratio from Block 31-A) *(check one only)*	10 / 90
☒ Federal costs are the same or less than the estimated Federal benefit	
☐ Federal costs exceed the estimated Federal benefit *(if checked, justification is required as indicated in Block 31- C)*	

31C. Benefit Ratio/Cost – Sharing Ratio Variance Justification ☐ Required ☒ Not Required
(Provide Justification on Separate Sheet)

31D. Officials responsible for carrying out financial terms of agreement

Federal Tax ID#: [redacted]	Non-Federal Tax ID#: [redacted]
Name: [redacted]	Name: [redacted]
Title: Lead Administrative Officer, DCTD	Title: Grant/Contract Officer, Spons. Program Admin
Telephone: 240-276-5901	Telephone: 313-577-3275
Address: 9609 Medical Ctr Dr Bethesda, MD 20892	Address: 5057 Woodward Rm 13202 Detroit MI 4820

31E. Frequency and method by which co-sponsors will bill and pay costs to be shared.

PART 12 – CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

32. [X] Applicable Federal conflict of interest laws have been reviewed with the employee to assure that conflict of interest situations do not inadvertently arise during this assignment.

33. [X] The employee has been notified of laws, rules, regulations, and policies on employee conduct which apply to him/her while on this assignment.

Participant counseled by IC Deputy Ethics Counselor

Rebecca Powell -S Signature (Digitally signed by Rebecca Powell -S DN: c=US, o=U.S. Government, ou=HHS, ou=OS, ou=People, cn=Rebecca Powell, 0.9.2342.19200300.100.1.1=2000551484 Date: 2015.07.24 15:56:40 -04'00')	Rebecca Powell Print Name	July 24, 2015 Date

PART 13 – APPLICABILITY OF RULES, REGULATIONS AND POLICIES

34. Initial and date appropriate items.

[redacted] Initial/Date	A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me.
[redacted] Initial/Date	B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the non-Federal organization.
[redacted] Initial/Date	C. I have been informed that any travel and transportation expenses covered from Federal agency appropriations may be recoverable as a debt due to the United States if I do not serve until the completion of my assignment (unless terminated early by either employer), or one year, whichever is shorter.
[redacted] Initial/Date	D. I have been informed of applicable provisions should my position with my permanent employer become subject to a reduction-in-force procedure.
_____ Initial/Date	E. I agree to serve in the Civil Service upon the completion of my assignment for a period equal to that of my assignment. Should I fail to serve the required time, I have been informed that I will be liable to the United States for all expenses (except salary) of my assignment (for Federal employees only).
_____ Initial/Date	F. Federal employee on assignment to a non-Federal organization other than Indian tribal organization understands any organizational Reduction-In-Force (RIF) during assignment will apply in the same manner as if the employee were not on assignment.

PART 14 – CERTIFICATION OF ASSIGNED EMPLOYEE

35. In signing this agreement, I certify that I understand the terms of this agreement and agree to the rules, regulations, and policies applicable.

[redacted] Signature of the Assignee	[redacted] Date
[redacted] Print Name	

PART 16 – CERTIFICATION OF APPROVING OFFICIALS

36. Federal Supervisor's Commitment

In signing this agreement, I certify that I understand and will comply with the requirements upon Federal supervisors both during the assignment period and during the post-assignment evaluation period which will follow.

[redacted] Signature of Federal Supervisor	[redacted] Date	[redacted] DCTD/NCI Cancer Imaging Program Title
[redacted] Print Name		

37. Certification of Recommending Operating Division Official (only applicable when a non-Federal employee on leave without pay is being appointed to a Federal position)

The Operating Division endorses all terms provided in this agreement. I certify that the assignee's skills are not available among present employees of the Operating Division or among former employees on a Reemployment Priority List for the commuting area of the assignment.

Signature of Operating Division Endorsing Official | Date | Title

Print Name

In signing this agreement we certify that the description of duties is current and fully and accurately describes those of the assigned employee, that this assignment is being entered into (or extended) for a sound, mutually beneficial, public purpose and not solely for the employee's benefit, and that at the completion of the assignment, the participating employee will be returned to the position occupied at the time this agreement was entered into or a position of like seniority, status, and pay unless the employee must be subject to reduction-in-force (RIF) procedures:

38. Certification of Authorizing Non-Federal Official

[redacted] 7/31/15 [redacted]

Signature of Authorizing Non-Federal Official | Date | Title

[redacted]

Print Name

39. Certification of Authorizing Federal Official

Signature of Authorizing Federal Official (IC Director or Designee) | Date | Title

Print Name

40. Signature of ADDITIONAL APPROVING OFFICIAL* ☐ Required ☐ Not Required

Signature | Date | Title

Print Name

PRIVACY ACT STATEMENT

Sections 3373 and 3374, Assignment of Employees to or from State or local Governments of Title 5, US Code, authorizes collection of this information. The data will be used primarily to formally document and record your temporary assignment to or from a State or local government, institution of higher education, Indian tribal government, or other eligible organization. This information may also be used as the legal basis for personnel and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law enforcement agencies, or by State, local, or Federal income taxing agencies.

Furnishing any data requested is voluntary. However, failure to provide any of the requested information may result in your being ineligible for participation in the Intergovernmental Assignment program.

ASSIGNMENT AGREEMENT

Title IV of the Intergovernmental Personnel Act of 1970
(5 USC 3371 – 3376)

Certification of the Office of Human Resources, NIH:

In signing this agreement, I certify that I have reviewed this agreement and find that it meets all legal and regulatory policies and procedures governing the IPA mobility program. I further certify that this agreement is being entered into for a sound, mutually beneficial, public purpose and not solely for the employee's benefit.

Signature of Human Resources Officer | Date

Appendix 7: IPA Travel Worksheet

Intergovernmental Personnel Act (IPA)
Transportation/ Per Diem vs. Limited Relocation Allowances Cost Comparison Worksheet
(Nonfederal Person)

Name of Assignee: [redacted] **IC:** NCI

In negotiating an IPA agreement, either a temporary per diem allowance or limited relocation allowances may be authorized. This Worksheet is to be completed to determine the most cost effective option and should be submitted for IPA clearance and approval. The following background information is provided to assist in the completing of the cost comparison. Please include this information/data in all such exercises.

To: Rockville, MD **From:** [redacted], **Length of assignment:** 1 year, **Mode of Transportation:** Air **Household goods (up to 18000 lbs):** 18,000, **Temporary Storage day:** 0 , **Immediate family members:** None

OPTION NO. 1: Temporary Per Diem Allowance

	Estimated Costs
A) En route transportation of the assignee (to and from i.e., round trip)	$2,112.00
B) En route per diem of assignee (if applicable, i.e., 12 hour rule must be met) – (FTR 302-4.200)	$2123.08
C) Temporary Per Diem Allowance at the assignment location	$4580.00
Reduced Per Diem (See attached Samples)	
Reduced Per Diem (See attached Samples)	
Day 1– 90: Lodging for Temporary Duty (TD) station - @ 70%	
Day 91-180: Lodging for TD station @ 60%	
Day 181-Duration: Lodging for TD station @ 50%	
M&IE to be reduced in line w/ HHS MC 5-00-30.	$1562.00
Grand Total (OPTION No. 1):	$10377.08

OPTION NO. 2: Limited Relocation Allowances

	Estimated Costs
A) En route transportation of the assignee and immediate family (to and from i.e., round trip)	$16,870.48
B) En route per diem of the assignee and immediate family to and from assignment location (if applicable, i.e., 12 hour rule must be met) – (FTR 302-4.200)	Ø
* C) Shipment of household goods – (to and from) (FTR 302-7)	$6708.34
D) Temporary storage – (FTR 302-7)	$2265.18
E) Temporary quarters – (FTR 302-6)	
F) Miscellaneous expense allowance (* may be paid only When "C" or "G" is authorized) (FTR 302-16)	
* G) Non-temporary storage when assignment is in isolated	

Location – (FTR 302-8)

Total: $ 25,844.00

** If estimated costs of trips to the point of origin are to be included, please also complete the cost comparison exceptions worksheet and obtain OFM clearance prior to negotiating this IPA agreement.

OPTION NO. 1:
Temporary Per Diem Allowance
(Enter estimated costs from page 1)

$ 10,377.08

vs.

OPTION NO. 2:
Limited Relocation Allowances
(Enter estimated costs from page 1)

$ 25,844.00

COST COMPARISON RESULTS:
Display the applicable statement in Item 33A, Part 12–Travel and Transportation Expenses and Allowances, HHS Modification to Form OF-69. EXAMPLE Statement:

Below, enter only one total dollar amount, reflecting the above selected option.

A. Per diem @ $ 10,377.08

Or,

B. Limited Relocation Allowances @ $_____

Place "x" in applicable box below to support above selection.

1) The above selected method represents the lower cost option and estimated amount. ☑
2) The above selected method represents the higher cost option but will be limited to the amount of the lower cost option. ☐
3) The above selected method represents the higher cost option and the higher estimated amount (See EXCEPTION below) ☐

If either Box No. 1 or No. 2 above is true, no pre-authorization signature is required below.

If Box No. 3 above is true, then the following exception applies:

EXCEPTION: In a case where the lower cost option is not selected and the higher cost option cannot be authorized at the lower cost because that amount is deemed insufficient, a detailed justification for any increase in the corresponding amount authorized is to accompany this worksheet and completion of the cost comparison exceptions worksheet is required. In this scenario, the IC Executive Officer must sign below.

_____ Signature of IC Executive Officer

_____ Date