Department of General Services – Administration Division
OBAS Service Contract Request Form   **Form B (2/14/2014)**

Section I – General Information

[1] Project Title:	[2] Program:
[3] Requestor Name:	[4] Requestor Phone:
[5] Back up:	[6] Back up Phone:
[7] Project Location(s):	[8] Customer(s):

Section II – Contract Information

[9] Contract Request: ☐ **Contract**   ☐ **Amendment**   ☐ **Work Authorization**   ☐ **Release**

[10] If Contract:	[11] If Amendment:

Does the contract need to start by a specific date?
  If yes, desired start date: _____(MM/DD/YY)
 	
  Has your program contracted out for these services before?   ☐ No   ☐ Yes
 	
  If yes, previous contract #:_____ and
 	
  previous contract end date_____(MM/DD/YY)
	Contract #: _____
	
	Contract End Date: _____ (MM/DD/YY)
	
	☐ Time, new request end date: _____(MM/DD/YY)
	
	☐ Money, add this amount to total contract: $_____
	
	☐ Scope, per the attached

[12] If Work Authorization:
Project Number: _____
 	
Project County: _____
 	
Estimated Start Date: _____(MM/DD/YY)
	[13] If Release:
	  Contract #: _____
	
	  Amount: $ _____

[14]Notes:

[15] **Required Attachments:**	[16] **As Applicable Attachments:**
Scope of Work Mission Critical Statement Cost Sheet GC19130 Justification	Advertisement Description NCB Package Emergency Justification Package SB/DVBE Waiver Confidentiality Statement Proprietary Letter

Section III – Funding Information

[17]Billing Code:

[18] Project Number	[19] Task Number	[20] Account, Object or Expenditure Code	[21] Fund	[22] Cost Center	[23] Activity Code

[24] **State's Estimate: $** _____	[25] **Invoice Address:**

[26]

_____   _____
Fiscal Approval Signature   **Date (MM/DD/YY)**

[27] By signing this document, I certify that I have the authority to request OBAS to process this contract request and that the Conflict of Interest requirements of SCM Vol1, Section 7.10 and AO 05-06 have been satisfied.

_____   _____   _____
Printed Name/Title   **Signature**   **Date** (MM/DD/YY)