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)	Contract #: _____ Contract End Date: _____ (MM/DD/YY)
Has your program contracted out for these services before? ☐ No ☐ Yes	☐ Time, new request end date: _____(MM/DD/YY)
If yes, previous contract #:_____ and previous contract 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 Emergency Justification Package Confidentiality Statement	NCB Package SB/DVBE Waiver 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)