Department of General Services – Administration Division

OBAS Service Contract Request Form ***Form B (2/14/2014)***

Section I – General Information

[1] **Project Title:** ICC 2016 CODE 2, 2.5, 9 & 10	[2] **Program:** CBSC
[3] **Requestor Name:** Leann de la Motte	[4] **Requestor Phone:** 263-0677
[5] **Back up:** Kevin Day	[6] **Back up Phone:** 263-0355
[7] **Project Location(s):** 2525 Natomas Park Drive	[8] **Customer(s):**

Section II – Contract Information

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

[10] If Contract:
Does the contract need to start by a specific date?
If yes, desired start date: 01/01/2016 (MM/DD/YY)

Has your program contracted out for these services before? ☐ No ☒ Yes

If yes, previous contract #: N/A and

previous contract end date N/A (MM/DD/YY)

[11] If Amendment:
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:**

Scope of Work
Mission Critical Statement
Cost Sheet
GC19130 Justification

[16] **As Applicable Attachments:**

Advertisement Description
NCB Package
Emergency Justification Package
SB/DVBE Waiver
Confidentiality Statement
Proprietary Letter

Section III – Funding Information

[17]**Billing Code:** 30140

[18] Project Number	[19] Task Number	[20] Account, Object or Expenditure Code	[21] Fund	[22] Cost Center	[23] Activity Code
			06660120	12001	000000

[24] **State's Estimate: $** 0.00

[25] **Invoice Address:**

Department of General Services
Office of Fiscal Services
Program Support Accounting Section
707 3rd Street, Suite 2-100
West Sacramento, CA 95605

[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.

Jim McGowan, Executive Director		
Printed Name/Title	**Signature**	**Date** (MM/DD/YY)