Department of General Services – Administration Division

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

Section I – General Information

[1] Project Title: NFPA 2016 CODE 3	**[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
Cost Sheet
GC19130 Justification
Mission Critical Statement

[16] As Applicable Attachments:

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

Printed Name/Title	Signature	Date (MM/DD/YY)
Mia Marvelli, Executive Director		