

DATE :

TO: Assistant Secretary for Administration, A

FROM: Assistant Secretary for Community Planning and Development, C

1. Type of instrument(C120):

2. Project Number (C101) . . .

4. Project Description (C110):

5. GTR Name (C116) _____

GTR Office/Division_____

GTR Telephone_____ Correspondence Code (C117)

6. Project Duration

For NEW agreements, estimated duration is (C114)_____ months;

For EXISTING agreements:

Current Contractual Completion Date is_____

Proposed New Completion Date (if any) is (C113)_____

7. Basis for Original Award (C121) - (check one):

Competitive (C)	Non-Competitive (N)
Interagency Agreement (I)	Unsolicited Proposal (U)

If a box other than "Competitive" is checked, and this request is for a NEW agreement, the following organization is

proposed as a sole source (C102)_____

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8. Recommended Set-aside Type (C122): None
Minority Small Business (8A)

Small Business (SB)
Labor Surplus Ares (LS)

9. Recommended Type of Contract (if appropriate): Fixed Price
 Cost Reimbursement
 Indefinite Quantity
 Other (specify) _____

10. Agreement Number:

- a. For NEW agreements, if an agreement number has been pre-assigned,
the pre-assigned agreement number is (C202)

- b. For EXISTING agreements, the agreement number assigned is
(C202): _____

11. Purpose of This Request. (check one):

- a. NEW AGREEMENT AWARD (C304) = N)
- b. NEW TASK ORDER (C304 = T) under the indefinite quantity
agreement cited in item 10.b, above with the following
organization _____
- c. INCREMENTAL FUNDING, ONLY (304 = I) of the agreement cited in
item 10.b, above, with the following organization _____
- d. MODIFICATION OF THE EXISTING AGREEMENT (304 = M) cited in item
10.b above, with the following organization _____
The proposed modification serves the following purposes (check
all appropriate boxes):
- (1) Change in agreement work scope (See Attachment 14. J)
- (2) Change in completion date (see item 6, above)
- (3) Cost overrun; change in agreement amount includes an
estimated overrun of \$ _____
- (4) Incremental funding; the amount of incremental funding
is \$ _____
- (5) Change (+ or -) in agreement total value (C310)
of \$ _____

The PURPOSE AND EFFECTS of the modification are described below:

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12. Agreement Funding:

- a. If item 11.a, NEW AGREEMENT, is checked, the total value of the
new agreement is as follows:

CPD Funds, only (C310): \$ _____

Other agency funds, if any (C311): \$_____

b. If the reservation amount shown in item 12.c, below is less than the total value shown above, indicate the estimated reservation amounts and dates of any future incremental funding:

(1) 1st increment \$_____ on (Date)_____

(2) 2nd increment \$_____ on (Date)_____

c. The amount of Secretary's Fund dollars reserved for this request is \$_____; the source of these funds is as follows (to be completed by the Office of Program Policy Development (OPPD) budget officer):

(1) Program Name:_____

(2) Reservation Number (C401)_____

(3) Reservation Date (C402)_____

(4) Appropriation source (show Fiscal Year for each amount, if more than one year's funds are to be used)

(a) Fiscal Year_____

Fiscal Year amount \$_____

Appropriation number_____

(b) Fiscal Year_____

Fiscal Year amount \$_____

Appropriation number_____

d. Total other federal agency funding

(1) Amount expected for this request, if any (C422) \$_____

(2) Agency name (C420)_____

(3) Program authority for the funds (C421)_____

(4) The method of funds transfer is (check one)

Joint funding

SF 1081

SF 1151

Other (specify)_____

13. Reason Work Cannot Be Performed With Program Staff (NOTE: Detailed explanation must be provided under attachment 14.a)

In-house staffing and technical expertise not available

Other (specify):

14. Attachments (check appropriate boxes)

- a. Statement of background and need for procurement services
(Required for All Requests)
- b. Statement of work for NEW AGREEMENT, which must include:
 - Statement of needs and overall goals
 - Specific objectives
 - Work tasks
 - Schedule of deliverable products
- c. List of suggested sources/bidders
(competitive NEW awards, only)
- d. Factors for award/proposal evaluation statement
(competitive NEW award, only)
- e. Special proposal instructions (Optional)
- f. Government's estimate of cost, by major cost categories
(Required for All Requests)
- g. Memorandum naming Source Evaluation Board (SEB) members.
Required for competitive NEW awards of \$500,000 or more
- h. Memorandum designating Technical Evaluation Panel (TEP)
members. Required for competitive NEW awards of less than
\$500,000
- i. Request and justification for use of TEP in lieu of SEB for
competitive NEW awards of \$500,000 or more (must be accompanied
by TEP memorandum specified in attachment 14.h, above)
- j. Statement of work modifying an EXISTING agreement
(Required for all Modifications)
- k. Justification for a non-competitive (sole source) award of a
NEW contract (Required for sole source awards)
- l. Justification for use of an interagency source for new or
modified agreement
- m. Justification for non-competitive modification/change of scope
for EXISTING agreement (not required for task orders within the
scope of the basic agreement or for requests that involve
incremental funding)
- n. Affirmative action justification statement (Required for all
NEW Awards)
- o. Other HUD clearances obtained or requested, as applicable
(Optional)

- p. Copy of Memorandum of Understanding with the following agency or agencies (Optional):

- q. Other (specify)_____

15. Special Instructions To The Contracting Officer

- a. If the Office of Procurement and Contracts prefers to award a type of agreement instrument which differs from that recommended in item number 1., above, please consult with the Director, CPD Technical Assistance Division prior to a final determination.

- b. Other Instructions (specify)_____

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16. Funding Reconciliation

- a. CPD funds reserved/obligated

(1) Amount reserved by this request		\$_____
(2) Total of all prior reservations and obligations (if any)		\$_____
(3) Total through this request		\$_____
(4) Amount to be reserved/obligated later (if any)		\$_____
Fiscal Year/	FY_____	\$_____
Amount Required	FY_____	\$_____
	FY_____	\$_____

- b. Other funds (HUD and/or other Agency, if any)

(1) Amount to be received this request		\$_____
(2) Amounts previously received (if any)		\$_____
(3) Total through this request		\$_____
(4) Amount of additional funding expected (if any)		\$_____
Fiscal Year/	FY_____	\$_____
Amount Expected	FY_____	\$_____
	FY_____	\$_____

17. Concurrences/Approvals:

- a. OFFICE ORIGINATING REQUEST

REQUESTOR NAME/TITLE

REQUESTOR ORGANIZATION

REQUESTOR SIGNATURE

DATE SIGNED

- b. DIRECTOR, OPPD

SIGNATURE

DATE SIGNED

c. DEPUTY ASSISTANT SECRETARY FOR CPD
SIGNATURE

DATE SIGNED

d. ASSISTANT SECRETARY FOR CPD
SIGNATURE

DATE APPROVED