

Request for Contract Services

U.S. Department of Housing
and Urban Development
Office of Administration

ATTACHMENT II

1. Requisition Number		2. Customer Control Number	
3. Description (services, service area, minimum/maximum quantities, required delivery date, type of contract recommended, etc.)			
4. Type of Action Contract <input type="checkbox"/> Full & Open Competition <input type="checkbox"/> Limited Competition <input type="checkbox"/> Sole Source		5. Modification to <input type="checkbox"/> Contract Number _____ <input type="checkbox"/> Delivery <input type="checkbox"/> Task Order No. _____ <input type="checkbox"/> Interagency Agreement No. _____ <input type="checkbox"/> Option <input type="checkbox"/> Change Order <input type="checkbox"/> Administrative <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Other _____	
6. Period of Performance / New Completion Date (mm/dd/yyyy)		7. Preference Program Recommendation <input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> 8a	
8. Estimated Amount of this action (e.g., initial contract period and option periods) \$ _____		9. Amount of Funds to be Obligated at this time \$ _____	
10. Source of Funding <input type="checkbox"/> Salaries and Expenses (S&E) 86__0143 <input type="checkbox"/> Working Capital 86x4586 <input type="checkbox"/> FHA 86x4070 <input type="checkbox"/> Other _____			
11. Government Technical Representative (name) Office _____ Division _____ Phone Number _____		12. Government Technical Monitor (name) Office _____ Division _____ Phone Number _____	
13. Source Selection Official (if applicable, e.g., modification, task order, etc.)		14. Contract Name (if applicable, e.g., modification, task order, etc.)	
Concurrences/Approvals			
15. Requestor (name) Office _____		16. Approving Official (name) Title _____	
Signature _____	Date (mm/dd/yyyy) _____	Signature _____	Date (mm/dd/yyyy) _____
17. Accounting Certification <input type="checkbox"/> Funds Available <input type="checkbox"/> Funding Certification attached		Signature _____	Date (mm/dd/yyyy) _____
Contracting Use Only			
18. Set-Aside Determination <input type="checkbox"/> Small Business - full <input type="checkbox"/> Competitive 8(a) <input type="checkbox"/> No Set-Aside <input type="checkbox"/> Small Business - partial <input type="checkbox"/> Sole Source 8(a) SIC _____ Size standard _____		19. Small Business Specialist (signature) _____	Date (mm/dd/yyyy) _____