

**REQUEST FOR CONTRACT SERVICES
FOR
CUSTODIAL/INVENTORY PROPERTY
OR
PROGRAM SERVICES**

1. REQUEST NUMBER

a. County/District

b. State Office

2. ESTIMATED AMOUNT OF PROPOSED CONTRACT OR TOTAL AFTER CHANGE \$ _____

3. DATE ITEM NEEDED Expedite, work in progress
 Public Emergency

4. ACCOUNTING DATA

a. FY 19 ____ Agriculture Credit Insurance Fund
 Rural Housing Insurance Fund
 Rural Development Insurance Fund
 Salary and Expense
 Other: _____

b. Item is for Inventory Property
 Loan Processing
 Custodial Property
 Other: _____

c. Charges are Recoverable
 Non-recoverable

d. Case No. _____ Advice No. _____

5. DESCRIPTION OF WORK REQUESTED

6. ATTACHED ITEMS ("X" as applicable)

- | | |
|--|---|
| <input type="checkbox"/> Proposed Statement of Work or Existing Contract | <input type="checkbox"/> Spread Sheet for Multiple Properties |
| <input type="checkbox"/> Wage-Rate Determination/Decision | <input type="checkbox"/> Supplier Evaluation Factors |
| <input type="checkbox"/> Mailing List and Telephone Numbers of Potential Suppliers and Associations of Suppliers | <input type="checkbox"/> Justification or D&F (See §1955.156) |
| <input type="checkbox"/> Liquidation and/or Management Disposal Plan (MFH) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

7. PROGRAM JUSTIFICATION

a. Property is suitable non-suitable surplus non-suitable for current program use but suitable for _____

b. Economic Factors

c. Comments and Additional Information

8. PROPOSED CONTRACTING ASSISTANTS (Name, title, mailing address and telephone number)

COR

COTR

INSPECTOR

9. INITIATOR IDENTIFICATION

a. Name, title, mailing address and telephone number

b. Signature

Date

10. APPROVALS

SIGNATURE <i>(No initials)</i>	DATE	SIGNATURE <i>(No initials)</i>	DATE
a. RD State Director or Program Chief/FSA State Executive Director or Ag Credit Director		d. RD Assistant Administrator/FSA Deputy Administrator <i>(If amount is over \$25,000)</i>	
b. National Office Program Director		e. RD Assistant Deputy Administrator/Administrator FSA Associate Administrator/Administrator <i>(If amount is over \$50,000)</i>	
c. Director, Budget Staff <i>(If funded by other than insurance fund)</i>		f. Director, Regulations and Paperwork Management Division	

CONTINUATION: