

REQUEST FOR COMMUNICATION CONTRACT CLEARANCE

SEE THE BACK OF THIS FORM FOR INSTRUCTIONS

PROJECT ID NO. _____

CSD REC'D _____

1. SUBJECT/WORKING TITLE _____

2. AGENCY _____ PROGRAM/CONTACT _____

CONTACT PERSON _____ TELEPHONE _____

ADMINISTRATIVE CODE: _____

3. PRODUCTS AND/OR SERVICES TO BE PROCURED: DELIVERABLES _____

(Scope of work must be attached)

4. TYPE OF PROCUREMENT: COMPETITIVE _____ NON-COMPETITIVE _____ 8A _____

(If non-competitive, attach the justification for non-competitive contract)

5. TOTAL ESTIMATED COST \$ _____

SOURCE OF FUNDING _____

No change in terms of dollars amounts in excess of 10%, conditions, or additions can be made to the contract described herein without written justification from OASPA.

6. JUSTIFICATION _____

7. PROGRAM OR PROGRAM OBJECTIVE TO BE SUPPORTED _____

8. DESIRED END PRODUCTS TO RESULT FROM CONTRACT _____

9. ESTIMATED SCHEDULE:

PUBLICATION OF RFP _____

CONTRACT AWARD _____

COMPLETION/RELEASE DATE _____

APPROVALS:

TITLE

SIGNATURE

DATE

AGENCY _____

OASPA _____

AUTHORIZING CONTRACT OFFICER _____