

REQUEST FOR CONTRACT SERVICES

SUBMIT REQUEST TO		1. ORDERING BUREAU OR OFFICE AND ADDRESS		
DEPARTMENT OF THE INTERIOR AVIATION MANAGEMENT 300 E. MALLARD DR., SUITE 200 BOISE, IDAHO 83706-3991 FAX. NO. 208-433-5030				
<i>If you have Excel, this form can be copied and saved and then filled in on the computer or a blank form can be printed and filled in by hand. Use the mouse to navigate and to check or uncheck a box, left 'click' the box. COMPLETE ITEMS AS APPLICABLE FOR YOUR REQUIREMENT.</i>				
2. TYPE OF SERVICE REQUIRED (check one)				
<input type="checkbox"/> Helicopter Flight Service <i>Include OAS-13H</i>		<input type="checkbox"/> Fixed Wing Flight Service <i>Include OAS-13A</i>		<input type="checkbox"/> Purchase <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____
3. SERVICES PROVIDED PREVIOUS YEAR BY			CONTRACT NUMBER	
4. DESIGNATED BASE (If reporting/release base required, see questionnaire)				
5. USE PERIOD - # OF CALENDAR DAYS		START DATE		END DATE
6. METHOD OF MEASUREMENT AND PAYMENT				
<input type="checkbox"/> Daily Availability-Exclusive Use		<input type="checkbox"/> Plus Extended standby for Crew availability Over 9 Hours Per Day		
<input type="checkbox"/> Guaranteed Flight Hours-Exclusive Use		<input type="checkbox"/> Plus Extended Standby for Crew Availability Over 9 Hours Per Day		
<input type="checkbox"/> Call When Needed (CWN) - No Guarantee But Use Expected to Exceed \$25,000 (CWN Medium/Heavy Needs Acquired by USFS not DOI/AM)				
Number of Hours Guaranteed: <input type="checkbox"/> Flight Hours		Number of Renewal Option Years to Include: (check one)		
Number of Days Guaranteed: <input type="checkbox"/> Availability Days		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NONE		
7. GOVERNMENT COST ESTIMATE				
<input type="checkbox"/> Guarantee Flight Hours				
<input type="checkbox"/> Estimated Flight Hours		<input checked="" type="checkbox"/>	Estimated Flight Rate Per Hour	\$
Days of Availability		<input checked="" type="checkbox"/>	Estimated Daily Availability Rate	\$
Estimated Miscellaneous Cost (subsistence, service truck mileage, out of state fees, etc.)				\$
Other:				\$
GOVERNMENT TOTAL ESTIMATED COST (required)				\$
8. DIRECT QUESTIONS ABOUT THIS REQUEST TO				
		Name	Bureau	
Telephone No.	Facsimile No.	E-Mail Address		
9. CONTRACTING OFFICER'S REPRESENTATIVE (COR)				
(Must meet DOI training & currency requirements)				
		Name	Bureau	
Address		City/State/Zip Code		
Telephone No.	Facsimile No.	E-Mail Address		
Additional Comments				
10. REQUISITIONED BY		TITLE		DATE
Name & Signature				
11. NATIONAL/REGIONAL OFFICE CONCURRENCE (as needed)		TITLE		DATE
Name & Signature				
12. APPROVAL & CERTIFICATION OF FUNDING AVAILABILITY		TITLE		DATE
Name & Signature				
CHECK ONE <input type="checkbox"/> FUNDS ARE AVAILABLE <input checked="" type="checkbox"/> FUNDS ARE AVAILABLE CONTINGENT UPON PASSAGE BY CONGRESS				
Bureau Accounting Data or Charge Code				