

**Department of Administration  
Administrative Services Division**

**Service Contract Request**

Please complete the contract request, print, and obtain the appropriate authorizing signature. If necessary, prepare the scope of work (SOW) in a separate Word document. Submit this scanned contract request and the SOW Word.doc file through the ASD website by selecting "New Service Contract Request."

<b>General Information</b>	
<b>Agency name and code (3-digit number)</b> (e.g. Admin Services Div. - 086):	<b>Date this form completed (mm/dd/yyyy):</b>
<b>Agency Address, phone and fax:</b>	
<b>Purpose of Contract:</b>	
<input type="checkbox"/> New Contract <input type="checkbox"/> Sole Source (Attached approved solicitation waiver, if available)  <i>Note: If there is a current contract in place and extension of contract termination date or increase in authority is needed, please refer to Service Contract Amendments under Agency Guidance.</i>	
<b>Contract Term:</b> From: (mm/dd/yyyy):  Or Eff. Upon BOE approval: <input type="checkbox"/> Yes <input type="checkbox"/> No  To: (mm/dd/yyyy):	<b>Required notice for termination:</b> _____ days
<b>Estimated contract amount per fiscal year</b> (please provide information for all fiscal years):	
<b>FY</b>	<b>FY</b>
<b>FY</b>	<b>FY</b>
<b>Account coding to charge:</b>	
To what State Fiscal Year(s) will the contract be charged?	
Budget account:	Category: GL (leave blank if unsure):
Job number (optional):	Org code (optional):      Function code (optional):

**Potential Vendors**

Company Name	Contact Name	Email Address	Fax Number

**Payment terms:**  
 upon approved invoice  
 upon completion of project/deliverables  
 at approved rate of \$0.00 per Hour  
 other (please specify)

**Enter the percentage of funding that comes from each of the following categories. Entries must total to 100 percent.**

**General Funds:**        \_\_\_%  
**Highway Funds:**       \_\_\_%  
**Fees:**                    \_\_\_% **Description:** \_\_\_\_\_  
**Bonds:**                   \_\_\_%  
**Other Funding:**       \_\_\_% **Description:** \_\_\_\_\_  
**Federal Funds:**        \_\_\_%

**Total:**                    \_\_\_%

**Justification (what conditions require this work to be done?):**

**Explain why state employees are not able to do this job.**

**If this is a contact for extra services, list any current contracts for the requested services.**

### Insurance Questionnaire

**Will the contract involve the use of the contractor's or the State's vehicle as part of the services being provided?**

Yes       No

**Does the contract involve janitorial or building maintenance services?**

Yes       No

**Will the contractor be responsible for keeping a "master key" to State property?**

Yes       No

**Will the contract involve security services?**

Yes       No

**Will the contractor handle money on behalf of the State?**

Yes       No

**Will the contract involve elevator maintenance?**

Yes       No

**Will the contract involve vehicle transport/storage/repairs or maintenance?**

Yes       No

**Will the contract involve special events/use of State premises?**

Yes       No

**Will the contract involve long-term leasing or rent of State or private premises?**

Yes       No

**Will the contract involve purchase of products to be sold or distributed directly to the public?**

Yes       No

**Will the contract involve the purchase and installation of large or highly valued equipment?**

Yes       No

**Will the contract involve the purchase of hazardous materials?**

Yes       No

**Will the contract involve environmental services or consulting?**

Yes       No

**Will the contract require the services of a licensed or certified professional?**

Yes       No

If so, please indicate type below:

**Do any of the following IT components relate to this contract?**

<ul style="list-style-type: none"> <li>• Software development</li> <li>• Computer consulting</li> <li>• Web site design/programming</li> <li>• Integrated computer system design</li> <li>• Privileged access to network systems, valuable property or sensitive data</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-media design</li> <li>• Data management</li> <li>• Other computer service</li> </ul> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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<h3>Scope of Work</h3>
<p>Attach, in a separate Word document, a detailed, specific scope of work and/or contractor's proposal. Please label the document with the contract title followed by "Scope of Work" and the date it was prepared. <b><u>When submitting through ASD website, please attach the electronic Word document file (not a scanned copy) of the scope of work.</u></b></p> <p>Please consider the following:</p> <ul style="list-style-type: none"> <li>• what facilities will use the service?</li> <li>• deliverables with dates</li> <li>• required reports with dates</li> <li>• milestones with dates</li> <li>• deadlines</li> <li>• inspections</li> <li>• product specifications</li> <li>• functional specifications</li> <li>• performance specifications</li> <li>• subsequent service and support</li> <li>• usage and warranty</li> <li>• applicable laws</li> <li>• who evaluates performance?</li> <li>• what happens if deliverable, report, milestone, etc. is missed?</li> </ul>

If this contract is anticipated to be determined by the RFP process, please complete the following section. If not, continue to the last page and complete the form and obtain signatures.

<b>RFP type of service:</b>	
<b>RFP contact person if different from contract monitor:</b>	<b>RFP contact phone:</b>
<b>Will there be a pre proposal conference or walkthrough?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If there will be a pre proposal conference or walkthrough, is it mandatory?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Mailing List Development – Potential Vendors**

In the space provided below, please identify entities who should receive direct notification of the RFP's release. Please include vendors from the Purchasing Division's database via their website.

Company Name	Contact Name	Email Address	Fax Number

<p><b>Contract monitor/agency lead:</b>  <b>Name:</b>  <b>Title:</b></p>	<p><b>Contract monitor/agency lead phone:</b></p>
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**Authorization to proceed with contract:**

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Print Name and Title

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Signature of Division Administrator or Designee Date