

REQUEST FOR CONTRACT SERVICES

For Questions, Contact:
208-433-5025/5026

INSTRUCTIONS:			
Complete all applicable items. For flight service request attach AQD-13A or AQD-13H questionnaire			
1. TYPE OF SERVICE REQUIRED (Check One)			
Attach separate work statement that identifies the specific need			
<input type="checkbox"/>	Helicopter Flight Service	<input type="checkbox"/>	Aircraft Purchase
<input type="checkbox"/>	Fixed Wing Flight Service	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>		<input type="checkbox"/>	Other
2. SERVICES PROVIDED PREVIOUS YEAR BY		3. DESIGNATED BASE	
Company Name:		Base:	
Contract #:		Zip Code:	
4. USE PERIOD			
	# Of Calendar Days:		Estimated Start Date:
	# of Renewal Option Years to Include:		Estimated End Date:
5. 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"/>	On Call/Call When Needed (CWN)		
6. ANNUAL GUARANTEED (Check One and Fill in Blank)			
<input type="checkbox"/>	Annual # of Days Guaranteed	<input type="checkbox"/>	Availability Days:
<input type="checkbox"/>	Annual # of Hours Guaranteed	<input type="checkbox"/>	Flight Hours:
7. GOVERNMENT COST ESTIMATE (Base Year)			
	Estimated Days of Availability:		Estimated Daily Availability Rate:
	Estimated Flight Hours:		Estimated Flight Rate Per Hour:
Estimated Additional Pay Items (API) (Landing Fees, Service Truck Mileage, Fuel & Per Diem, ETC):			
Base Year Total Cost:			
Extension			
	Estimated Days of Availability:		Estimated Daily Availability Rate:
	Estimated Flight Hours:		Estimated Rate Per Hour:
Estimated Additional Pay Items (API) (Landing Fees, Service Truck Mileage, Fuel & Per Diem, ETC):			
Extension Total Cost:			
Base + Extension Total:			

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7a. OPTION YEARS COST ESTIMATE (If Applicable)							
Options	Days Available	Daily AV Rate	Flight Hours	Rate Per Hour	Addt'l Pay Items	Extension (AV, FT, API)	Cost
Total Year 1							
Total Year 2							
Total Year 3							
Total Year 4							
6 Month Option*							
Option Years Total Cost							
Government Total Estimated Cost (Required)							
<i>* Rates for 6 month option should match year 4 rates</i>							
8. ADDITIONAL COMMENTS							
<i>Add contact information below, if COR is different than Requisitioned by:</i>							
9. REQUISITIONED BY				10. NATIONAL or REGIONAL OFFICE CONCURRENCE			
Name:				Name:			
Title:				Title:			
E-mail:				E-mail:			
Phone:				Phone:			
11. APPROVAL & CERTIFICATION OF FUNDING AVAILABILITY							
Select One:				Billee Code:			
<input type="checkbox"/> Funds are available				Bureau Accounting Data or Charge Codes:			
<input type="checkbox"/> Funds are available contingent upon passage by Congress							
Name:							
Title:							