

# AQD-91 4/2023

## AK/HI ORDER REQUEST FORM FOR GOVERNMENT FLIGHT SERVICES

### SECTION 1.

This form should be submitted a minimum of ten (10) working days before the planned start date. Detailed instructions are at the end of this document.

NAME REQUESTOR

CURRENT DATE:

PHONE NUMBER:

EMAIL ADDRESS:

AGENCY:

UNIT:

BILLIE CODE:

PROJECT NAME:

REQUEST TYPE:

REASON FOR  
MODIFICATION:

TASK ORDER #:

CONTRACT TYPE:

AQD  
CONTRACTING  
OFFICER:

For BILLIE codes: <https://doimspp.sharepoint.com/sites/os-aviation-resource>

Provide a detail description of either the Mission Requirement, i.e., recon, point-to-point, RX Burn (describe units), resource survey, special needs, etc. OR a complete Modification Justification with all the requested changes below.

MISSION REQUIREMENT

MODIFICATION JUSTIFICATION

AIRCRAFT  
REPORTING  
LOCATION

CITY:

PERIOD OF PERFORMANCE FLIGHT START DATE:

STATE:

ZIP CODE:

PERIOD OF PERFORMANCE FLIGHT END DATE:

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### SECTION 2.

RECOMMENDED CONTRACTOR:

TOTAL PR VALUE:

CONTRACT #

Suggested FAA Tail Number and Pilot with inspection expiration dates. Please list all carded tails you want available to you. Aircraft/ Pilot information can be found on the Source List: <https://doimspp.sharepoint.com/sites/os-aviation-resource>

AIRCRAFT(S) MAKE/MODEL

FAA TAIL NUMBER(S)

INSPECTION EXPIRATION DATE

PILOT(S)

INSPECTION EXPIRATION DATE

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**SECTION 3.** Fill out the following for all purchasing types

TREASURY ACCT. SYMBOL/TAS:

FUNDING AGENCY ID:

FUNDING OFFICE:

FINANCE/BUDGET OFFICE NAME:

COMPLETE COST STRUCTURE:

AGENCY TRACKING #:

EMAIL:

PHONE NUMBER:

**SECTION 3a.** Fill out for Cross-Servicing only

CROSS-SERVICING Y/N:

DOI Bureau PR #:

Skip to Cost Comparison once complete

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**SECTION 3b.** Fill out only the Interagency Agreement #, all other fields are auto-populated or filled out by the Contracting Officer

INTERAGENCY AGREEMENT#(IAA)/PART A#:

**SUBMIT COMPLETED FORM TO:**

**For IAA's send to [AQD91@ibc.doi.gov](mailto:AQD91@ibc.doi.gov)**

**For Cross Servicing Orders send to local finance representative and attach to PR in SAP)**

# COST COMPARISON

CONTRACTOR #1:

CONTRACT #:

AIRCRAFT (MAKE & MODEL):

ITEM DESCRIPTION	PAY ITEM	QTY	RATE	COMMENTS	TOTAL
Daily Availability (If Applicable)	AV				
Estimated Flight Time					
Estimated Flight (If Applicable)					
Guarantee Flight (If Applicable)	GTD				
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
Total Estimated Cost					

CONTRACTOR #2:

CONTRACT # :

AIRCRAFT (MAKE & MODEL):

ITEM DESCRIPTION	PAY ITEM	QTY	RATE	COMMENTS	TOTAL
Daily Availability (if applicable)	AV				
Estimated Flight Time					
Guarantee Flight (if applicable)					
Fuel Vehicle Mileage	GTD				
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
Total Estimated Cost					

# COST COMPARISON

CONTRACTOR #3:

CONTRACT #:

AIRCRAFT (MAKE & MODEL):

ITEM DESCRIPTION	PAY ITEM	QTY.	RATE	COMMENTS	TOTAL
Daily Availability (if applicable)	AV				
Estimated Flight Time					
Guarantee Flight (if applicable)					
Fuel Vehicle Mileage	GTD				
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
				Total Estimated Cost	

## JUSTIFICATION

Use the section below to justify the suggested vendor that is not the lowest in price, i.e., vendor is unavailable to perform during the Period of Performance requested; vendor does not have the necessary equipment to provide the work, etc.

## NOTES TO THE CONTRACTING OFFICER

Use this section to add any notes to the CO regarding the project or email addresses of anyone that you want the task order distributed to.

## AQD-91 FLIGHT REQUEST FORM INSTRUCTIONS

The AQD-91 form has multiple pages that must be completed to the maximum extent possible to request and fund a project flight under an existing DOI contract. Complete fill in fields, drop down boxes on page 1 that are applicable and proceed to pages 2/3 Cost Comparison.

Should the identified IAA Funding Amount shown be insufficient to cover the "actual total cost" for the services that are incurred, the Contractor will not be paid for services until more funding is made available by your agency. If the total estimate in Section 2 of this form is exceeded, the requestor will be required to complete a modification to this request to supplement the order amount before the Contractor can be paid. Failure to complete the form adequately may result in the return of the form to the requestor for additional data before it can be processed.

### SECTION 1:

1. Name of Requestor - The project manager name(s).
2. Current Date - The actual date the AQD-91 is completed.
3. E-mail Address - Requestor e-mail address.
4. Phone Number - Requestor phone number (may provide a couple of numbers, i.e., cell/work)
3. Agency - Provide Agency name or ID, i.e., Bureau of Land Management or BLM
4. Unit - Provide Unit name or ID, i.e., Boise Dist. or BOD
5. Billee Code - There is a link below this field to determine your specific Billee Code that will be used on a subsequent AMD23 at the completion of the flight.
6. Project Name - Provide a unique project name to use on the Contract Line Item Description.
7. Request Type - Select either Original or Modification Request. Note: If Modification, proceed to the Reason for Modification and Task Order # that is to be modified.
8. Contract Type - Select the type of contract being requested, i.e., On Call Small Helicopter, Wild Horse and Burro, ARA, FS Call When Needed T1 & T2 Helicopters, etc.
9. AQD Contracting Officer - Select the Contracting Officer for the Contract Type above.
10. Period of Performance Flight Dates - Identify a broadened Period of Performance to adequately cover potential weather events or other environmental or program delays. Identify the actual proposed project dates in the mission description.
11. Mission Requirement Description - Click and provide a detail description of the mission needs (Helicopter or airplane, recon, point-to-point, RX Burn, resource survey, other special needs, etc.) and applicable location information OR, Modification Justification - Click and provide a justification for the modification including, but not limited to, such things as a Period of Performance change, adding an aircraft, etc.
12. Aircraft Reporting Location - City and State the aircraft is to report for the mission.
13. Period of Performance Flight Dates - Provide a "reasonable" period of performance, keeping in mind potential weather events, etc.

### SECTION 2:

1. Recommended Contractor - Based Cost Comparison on Pages 2/3, fill in the contractor name being suggested.
2. Contract/ARA# - Fill in the Contract or ARA number.
3. Aircraft(s) Make/Model - Identify the desired aircraft(s).
4. Suggested FAA Tail Number - With some programs, this information is necessary. If not, leave it blank.
5. Total Estimated cost - This is the **total amount** that will be obligated on the order based on the calculations on pages 2/3. (Note: If the IAA allows for more than the total estimate, it is allowable to round up the dollar amount.)

### SECTION 3:

1. Funding Agency - Select your agency type, i.e., DOI Bureau, Non-DOI Bureau, EPA, etc.
2. Interagency Agreement # - DOI/Non-DOI Agencies - Fill in the appropriate IAA number for your agency.
3. DOD MIPR # - Department of Defense agreement number.
4. Office of Secretary Complete Cost Structure - Internal cost structure within this agency.
5. DOI Bureau PR# - Cross-Servicing (If Applicable) - For those agencies identified in the Cross-Servicing program, fill in your internal PR number.
6. Finance/Budget Officer Name & E-Mail - Provide your finance or budget contact name & e-mail. This information is valuable when there are finance issues and/or questions. A copy of the task order and the first page of the AQD-91 will be sent to this contact.
7. Phone Number - Finance or Budget Officer phone number.

Send completed form to AQD91@ibc.doi.gov when completed. For Cross Servicing Orders, attach to PR in SAP.

Cost Comparison - Pages 2 and 3 are to document a cost comparison of multiple existing DOI Contractors for the work that is being planned by using the applicable contract price listing(s) available for DOI Government Representatives ONLY at <https://doimspp.sharepoint.com/sites/os-aviation-resource> and follow the appropriate link in a new tab in the Bison Connect environment as this link is a DOI **Intranet** (Do not paste link into the **Internet Explorer**). This will take you to the Aviation Resource Listing that provides many types of filters to reach multiple vendors to assist in the government cost comparison. If you have any questions, please call the appropriate Contracting Officer for assistance.

For NON-DOI Government Representatives, please contact the applicable Contracting Officer for a hard copy of the pricing.

Three vendors are required for the cost comparisons.

The total should be an estimate for the ENTIRE project and MUST include all costs associated with mobilization and demobilization as well as the mission work to be done. Include ALL applicable additional pay items - see individual contract listings for specific pay item codes, samples provided in the drop down boxes.

At the conclusion of your findings, contact the vendor you will be suggesting as the awardee to ensure of their availability. If they are not available, identify your next best value contractor and use the justification section to explain.

1. Company #1/2/3 - Fill in the name of the contractor that is being priced for the mission requirement.
2. Contract # - Provide the Parent Contract number for the type of contract being requested, i.e., D14PCXXXX, D14PAXXX, etc.
3. Aircraft - Fill in the type of aircraft for the applicable prices used in the comparison.

NOTE: If it is required to have multiple Makes & Models available to any specific order, do the cost comparison on the most EXPENSIVE Make & Model to ensure sufficient funding to cover all types of aircraft that may conduct the mission. List all Makes & Models desired in Section 2. Tail Numbers are not necessarily required to be documented.

**From this point on, please note that once the Quantity and Rate have been entered, the form will calculate across and keep a running total at the bottom.**

4. Daily Availability - Enter the total days in Quantity and the rate.
5. Estimated Flight Time - Select the pay item code FT (Wet Rate), FD (Dry Rate), or P24 (Project Rate). Enter total estimated flight hours in the quantity box, to include ferry time if the price remain the same per the contract. Enter the Rate.
6. Guarantee Flight (GT (wet) or GTD (dry)) - Enter guaranteed flight hours and the rate.
7. Fuel Vehicle Mileage - Select the size of the fuel truck and fill in the rate.
8. Add'l Pay Items - A rather extensive list is available in the drop down box, however, the field does allow for manual fill in if the pay item code needed is not in the pre-populated drop down box. Enter the Rate.
9. Justification - Use the section to justify the suggested vendor that is not the lowest in price, i.e., vendor is unavailable to perform during the Period of Performance requested; vendor does not have the necessary equipment to provide the work, etc.