



INITIATING AGENCY: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

INITIATING OFFICE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**1. Title, Purpose, Amount, Period of Performance**

A. Title and purpose of contract, grant, or cooperative agreement: \_\_\_\_\_

B. Total dollar obligations attributable to this request: \_\_\_\_\_

C. Period of Performance requested for this action:

From: \_\_\_\_\_ To (including optional periods): \_\_\_\_\_

**2. Type of Request/Authority**

A. Type of Request (check all that apply)

- New Sole Source Contract or Contract Modification or Extension (FAR 6.302 and DLMS 2-836). Complete Item 5.
- New Sole Source Discretionary Grant or Cooperative Agreement (DLMS 2-836), or Modification or Extension of a Discretionary Grant or Cooperative Agreement (DLMS 2-836). Complete Item 5.
- Advisory and Assistance (A&A) Services (FAR 37.2). Complete Item 6.
- Ratification of an unauthorized commitment (FAR 1.602-3). Complete Item 7.
- Waiver to contract with a Current/Former Government Employee (individual or owner) (FAR 3.6 and DOLAR 2903.6). Attach Narrative.
- Application for use of Brand Name Specifications (FAR 6.302-1). Complete Item 5.
- Potential financial conflicts (DLMS 2-836(b)(2) and FAR 3.104-7(b)). Attach Narrative.

B. Authority. If this request involves a grant or cooperative agreement, provide the specific legal authority, including citation (e.g. Section # of the XXXX Act, # U.S.C. ####): \_\_\_\_\_

**3. Information about Proposed Recipient of Contract, Grant, or Cooperative Agreement**

A. Name: \_\_\_\_\_

B. Address: \_\_\_\_\_  
\_\_\_\_\_

C. Type of Organization:      Large Business / Small Business  
(circle all that apply)      Profit/ Nonprofit or Not-for-Profit / Foreign  
   Government / Educational Institution / Faith-Based or Community-Based  
   Other (describe) \_\_\_\_\_

D. To ensure that this organization is not currently suspended or debarred from federal programs, attach the results of a word search of the organization's name at <http://www.epls.gov/servlet/EPLSSearchMain/1>.

E. (Enter City/State or Circle applicable area)      Nationwide      Foreign      Region: NE SE MW NW SW  
Area of Performance/Benefit: City: \_\_\_\_\_ State: \_\_\_\_\_

**4. Other Contracts, Grants or Cooperative Agreements with Proposed Recipient**

Provide the following information to the extent possible for each other contract, grant and/or other agreement active within the last year between the proposed organization and the Department of Labor using the following format. Additional references may be provided by attachment.

Title of Project: \_\_\_\_\_  
Agency Served: \_\_\_\_\_ Period of Performance: \_\_\_\_\_  
Contract/Grant/Agreement Number: \_\_\_\_\_ Total Life Cycle Cost to date: \_\_\_\_\_

Additional references attached.