### **Region 4 Agreement Request Form**

### **Contract General Information:**

<u>Project Title:</u> (Brief Description of services needed and location)

DGS Billing Code: (See DGS Billing Code-Account Code Instructions)

Maximum Budget Request:

<u>Term Start Date:</u> (Leave Blank if Upon Approval)

Term End Date:

Project County Location:

| Payment Terms: | Monthly   |     |  |
|----------------|-----------|-----|--|
|                | Quarterly | - 1 |  |

Lump Sum

Itemized Invoice

Civil Service Considerations:

(What market research was done, what state agencies were contracted, explain why other state agencies can't do the requested service – See Civil Service Instructions)

Justification for Contracting Outside of Civil Service: (Include 19130 (b) code, explanation must be more than just a copy of the 19130 code – See Civil Service Instructions)

# **Region 4 Agreement Request Form - Funding**

| Funding Information:   |                      |                      |           |
|--|----------------------|----------------------|-----------|
| Is this Payable Agreement Federally Funded?<br>(If yes, all information below is required) | 🗌 Yes 🗌 No           |                      |           |
| Federal Agreement Number:  | Start Date:          |                      | End Date: |
| Department Identifier Number:  | Reporting Structure: | Reporting Structure: |           |
|  |                      |                      |           |
| Federal Agreement Number:  | Start Date:          |                      | End Date: |
| Department Identifier Number:  | Reporting Structure: | Reporting Structure: |           |
|  |                      |                      |           |
| Is this Payable Agreement tied to a Receivabl (If yes, all information below is required)  | e? 🔲 Yes 🗌 No        |                      |           |
| Receivable Agreement Number:   | Start Date:          | End Date:            | Executed  |
| Receivable Agreement Number:   | Start Date:          | End Date:            | Executed  |
|  |                      |                      |           |
| Is \$5,000 or more funded for the purchase of  | equipment? 🔲 Yes 🛛   | 🗌 No                 |           |

Previous Agreement number:

#### **Coding:**

Fi\$Cal Account Code: (See DGS Billing Code-Account Code Instructions)

| Fiscal Year | Reporting Structure | Project | Amount |
|-------------|---------------------|---------|--------|
|             |                     |         |        |
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## <u>Region 4 Agreement Request Form – Known</u> <u>Contractor</u>

| Company Name  | Telephone             | e Number            | Fax Number (if applicable) |  |
|---|-----------------------|---------------------|----------------------------|--|
| Address   |                       |                     |                            |  |
| Indicate your organization type:  |                       |                     |                            |  |
| Sole Proprietorship   | Partnersh             | ip                  | Corporation                |  |
| Indicate the applicable employee and/or corp  | oration number        |                     |                            |  |
| Federal Employee ID No. (FEIN)  |                       | California Corporat | ion No.                    |  |
| Indicate applicable license and/or certification  | n information:        |                     |                            |  |
|   |                       |                     |                            |  |
| Bidder's Name   |                       | Bidder's Title      |                            |  |
| Signatory Name  |                       | Signatory Title     |                            |  |
|   |                       |                     |                            |  |
| Signatory Telephone Number  |                       | Signatory Email Ad  | dress                      |  |
|   |                       |                     |                            |  |
| Certified with the Department of General Ser  | vices, Office of      | Small Business and  | DVBE Services (OSDS) as:   |  |
|   |                       |                     |                            |  |
| a. California Small Business<br>Yes   | Yes 🗌 No 🗌 Yes 🗌 No 🗌 |                     |                            |  |
| c. Non-Small Business Subcontractor Preference Yes 🗌 No 🗌   |                       |                     |                            |  |
| <b>NOTE</b> : A copy of Certification is required and MUST be included if either of the above items are checked " <b>Yes</b> ". |                       |                     |                            |  |
| Date application submitted to OSDS (if application is pending):   |                       |                     |                            |  |