(1-97)	-62		ľ	I. REQUEST NUMBER		
(4-2/)			t	a. County/District		
RE	OHEST	FOR CONTRACT SERVICES	F	b. State Office		
, LL	QUED.	FOR	T:	2. ESTIMATED AMOUNT OF	F	·
CI	TETAN	IAL/INVENTORY PROPERTY	ľ	PROPOSED CONTRACT		
	33101	OR	i	OR TOTAL AFTER CHAN	GE	
	F	ROGRAM SERVICES		3. DATE ITEM NEEDED		pedite, work in progress blic Emergency
4. ACCOUNTING DA		A		5. DESCRIPTION OF WORL	k requested	UESTED
a EV 10	n	Agriculture Credit Insurance Fund				
		Rural Housing Insurance Fund	- 1			
		Rural Development Insurance Fund				
		Salary and Expense				
		Other:				
b. Item is fo	. n	Inventory Property				
0. 144 B H		Losn Processing				
		Custodial Property				
		Other:	_			
c. Charges		Recoverable				
	n	Non-recoverable				
d. Case No	٠	Advice No				
6. ATTACHEI	ITEMS	("X" as applicable)				
n Proposed	Ctatam	ent of Work or Evisting Contract		n Spread Sheet for Multiple	Droperties	
		ent of Work or Existing Contract		Spread Sheet for Multiple Supplier Evaluation Factor		
n Wage-R	ate Dete	rmination/Decision		N Supplier Evaluation Facto	ers	
N Wage-R	ate Dete List and	rmination/Decision Telephone Numbers of Potential		N Supplier Evaluation Facto N Justification or D&F (See	ers	
N Wage-Ri N Mailing Supplier	ate Dete List and s and As	rmination/Decision		N Supplier Evaluation Facto	ers	
N Wage-Ri N Mailing Supplier N Liquidati	ate Dete List and s and As ion and/o	rmination/Decision Telephone Numbers of Potential sociations of Suppliers or Management Disposal Plan (MFH)		N Supplier Evaluation Facto N Justification or D&F (See N Other	ers	
N Wage-Ri N Mailing Supplier	List and a sand As and As and As and As and As JUSTIFT	rmination/Decision Telephone Numbers of Potential sociations of Suppliers or Management Disposal Plan (MFH) CATION	 	N Supplier Evaluation Facto N Justification or D&F (See N Other	81955,156)	
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Used by program officials or Contracting Officers to request contract services required of an office with greater contracting authority. The form is applicable for either proposed solicitation or for contract amendments. Additional information is required for multiple-family housing.

(see reverse)

PAGE 2 OF FORM RD 1955-62

10. APPROVALS SIGNATURE (No initials)	DATE	SIGNATURE (No initials)	DATE
	DAIE	d. RD Assistant Administrator/FSA Deputy Administrator	DATE
RD State Director or Program Chief/FSA State Executive Director or Ag Credit Director		(If amount is over \$25,000)	
b. National Office Program Director		e. RD Assistant Deputy Administrator/Administrator FSA Associate Administrator/Administrator (If amount is over \$50,000)	
c. Director, Budget Staff (If funded by other than insurance fund)		f Director, Regulations and Paperwork Management Division	
CONTINUATION:			1
		,	

PROCEDURE FOR PREPARATION

: RD Instruction 2024-A.

PREPARED BY

: Agency personnel with authority to make program decisions or to contract for goods or services.

NUMBER OF COPIES

: Original plus one for subsequent forwarding office, if

applicable, and one per originating office.

SIGNATURE REQUIRED

: Block 9 by preparing official. Block 10, self-explanatory except only line "a" is required if amount is \$10,000 or less, line "d" requires signature for estimated costs in excess of \$25,000 only and line "e" requires signature for

estimated costs in excess of \$50,000 only.

DISTRIBUTION OF COPIES

: Original to Contracting Officer, copy retained by originator and copy retained by intermediate forwarding

office.

INSTRUCTIONS FOR PREPARATION

Block 1

For lines "a" and "b", enter appropriate solicitation number as prescribed in the Forms Manual Inserts for Forms RD 1955-60 and 1955-61. Line "a" would be left blank if the request originated at the State Office level.

Block 2

Estimated total (cumulative) through this request.

Block 3

Enter an estimated date based upon need but taking into consideration the complexity of the solicitation. For work-in-progress or emergency situations, do not enter a date but place a check in the appropriate box at the right side of the block.

Block 4

For line "a", enter the <u>fiscal</u> year and check the appropriate box indicating the fund providing the loan or proposed loan or grant which is providing the money for the item requested. If the request initiator does not know the appropriated fund, he/she will check the "other" box and on the line following, enter "loan code" followed by the appropriate code number. If "Salary and Expense" is checked, do not complete lines "b", "c", and "d".

For line "b", check the applicable box in accordance with <u>Subpart C of Part 1955</u> and program instructions.

For line "c", check the appropriate box. Recoverable costs are usually those incurred while the property was in the borrower's name. Non-recoverable costs are those incurred after acquisition by the Agency. Charges for custodial (abandoned) property are usually recoverable but may be non-recoverable in special circumstances, e.g., office-site procurements or correction of Agency errors.

For line "d", self-explanatory. If more than one property is involved, enter the word "multiple" for both the case and advice number. If the item has no case number, enter "N/A" for both the case and advice number. For requests pertaining to multiple properties, enter "Multiple" in the space for case number and attach a list containing the case number, borrower name, account code (fund code), and advice number for each property.

-4- (Forms Manual Insert - Form RD 1955-62)

Block 10

Block 5 Enter former borrower's name and property address if applicable. Provide a concise description of the work requested. Block 6 Self-explanatory. Lines "a" and "b", check appropriate box and provide justification in accordance with Subpart C of Block 7 Part 1955 or other program instructions. Attach a copy of the "as is" appraisal with a notation indicating probable sale price when the estimated contract amount exceeds "as is" appraised value. Line "c" may be used to explain additional circumstances or reasons for overriding a lack of economic justification, e.g., need for emergency housing, protection of other inventory or security property, etc. For multiple-family housing property, this block should be used to provide additional information required by the program official or to indicate that such additional information is attached. Block 8 Self-explanatory. The initiator or a subsequent level office may recommend one or more Block 9 Signed by Agency personnel with authority to make program decisions or to contract for goods or services.

and line "e" requires signature for estimated costs in excess of \$50,000 only.

Self-explanatory except line "d" requires signature for estimated costs in excess of \$25,000 only