

## NATIONAL CONTRACT CREW (NCC)

### PROJECT ORDER FORM

This form is available for download on the Internet at [www.fs.fed.us/fire/contracting](http://www.fs.fed.us/fire/contracting)

Requesting Agency Representative				
Name of Agency Representative:			Date:	
<input type="checkbox"/> New Project Order		<input type="checkbox"/> Modification to existing project order		
Agency:		Reimbursable Charge Code:		
Contact Name:		Dates NCC Required:		
Phone:		Beginning:		
Fax:		Ending:		
e-mail:		Location of Work:		
Assigned Project Manager (If different from above):				
Project Manager Phone:		Project Title:		
Agency Will Provide to NCC:				
Food <input type="checkbox"/>		Fuel <input type="checkbox"/>		
Campsite <input type="checkbox"/>		Other <input type="checkbox"/>		
If "Other" is marked, Explain:				
<b>Note: A Statement of Work Must Be Attached.</b>				
National Contract Resource (NCC)				
Name of Representative:			Date:	
Company:		NCC Number:		
Address:				
Phone:				
Fax:				
e-mail:				
a.	b.	c.	d.	e.
<b>Number of days</b>	<b>Project rate/day</b>	<b>Travel Time Guarantee</b>	<b>RON (If Applicable)</b>	<b>= Total Estimate</b>
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
Contracting Officer				
Name of Contracting Officer:			Date:	
Contractor Selected:				
Reason(s) Selected:				
<input type="checkbox"/> Lowest Price		<input type="checkbox"/> Good or Better Past Performance		
<input type="checkbox"/> Need to Meet Minimum Order Requirements		<input type="checkbox"/> Only Contractor Available		
Reason(s) Contractor Not Selected:				
<input type="checkbox"/> Negative Impact on Suppression Orders		<input type="checkbox"/> Poor Past Performance		
<input type="checkbox"/> Unresponsive by Deadline		<input type="checkbox"/> Higher Prices		
<input type="checkbox"/> Contractor Uninterested in Work				