

REQUEST FOR INFORMATION TECHNOLOGY (IT) GOODS AND SERVICES

1. OSD/WHS ORGANIZATION		2. SUB-ORGANIZATION		3. PROJECT CODE		4. CONTROL NUMBER	
5. TITLE OF REQUEST						6. URGENT PROCESSING (X one) <input type="checkbox"/> YES (Attach justification) <input type="checkbox"/> NO	
7. PERIOD OF PERFORMANCE			8. CONTRACT INFORMATION				
FROM		TO		<input type="checkbox"/> EXISTING CONTRACT NUMBER:			<input type="checkbox"/> NEW CONTRACT
9. TYPE OF BUSINESS (X one) —————> <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MINORITY <input type="checkbox"/> WOMAN OWNED							
10.a. PURCHASE CARD TYPE				10.b. PURCHASE CARD HOLDER			
<input type="checkbox"/> MICRO		<input type="checkbox"/> MAXI		<input type="checkbox"/> SYSTEMS AND SERVICES		<input type="checkbox"/> ORGANIZATION	
11a. STATEMENT OF WORK (Extract)							
b. Does this action comply with the accessibility requirements of Section 508 of the Rehabilitation Act, as amended? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, address the exception in FAR Part 39.204 on a separate sheet.							
c. Does this action procure goods or services for a mission critical or mission essential IT system as defined in DODI 5000.2, Enclosure 2? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide below the System Name and Identification Number used for registration with the DoD Chief Information Officer.							
1) SYSTEM NAME				(2) SYSTEM ID NUMBER			
12a. RECOMMENDED SOURCES			b. CONTACTS		c. TELEPHONE <i>(Incl. Area Code)</i>	d. E-MAIL	
(1)							
(2)							
(3)							
13. (X as appropriate) —————>				<input type="checkbox"/> INCOMING MIPR		<input type="checkbox"/> OUTGOING MIPR	<input type="checkbox"/> INTER-AGENCY AGREEMENT
14. APPROPRIATION INFORMATION							
a. APPRO- PRIATION	b. FY	c. OBJECT CLASS	d. AMOUNT		e. FUND CITATION		f. INCOMING MIPR NUMBER
15. SECURITY STATEMENTS					TELEPHONE NUMBER (Incl. Area Code) :		
a. This service, equipment and/or software meets the security requirements of DoD Directive 5200.28 and its applicable supplement(s).					16. SHIP TO (Include complete mailing address)		
b. SECURITY STATEMENT (Select from Instructions)							
					17. DCC-W: Send copy of the contract or Delivery Order to the following e-mail address:		
18. COORDINATION		(1) Name (Last, First, Middle Initial)		(2) TELEPHONE <i>(Incl. Area Code)</i>	(3) Signature		(4) Date Signed
a. SECURITY REVIEW COORDINATOR							
b. CONTRACTING OFFICER REPRESENTATIVE (COR)							
c. POINT OF CONTACT							
19. APPROVAL. Approval includes the certification of the accuracy of the security statements in Item 15.							
WHS CIO or OSD PRINCIPAL ASSISTANT/DESIGNEE							
20. DIOR REVIEW							
a. CERTIFICATION (All requests) . Sufficient funds are allocated to the appropriate organization account to cover the amount indicated.							
(1) Signature						(2) Date Signed	

INSTRUCTIONS FOR COMPLETING DD FORM 562

Item 1. Enter the organization name that is requesting and approving this request.

Item 2. Enter the sub-organization that this request is for, if the component tracks funding at the sub-organization level.

Item 3. Enter project code for RDT&E or procurement projects. This consists of a two-digit fiscal year identifier, a two-letter organization identifier, a three-digit organization identifier, and a sequential number assigned by your organization to identify the project. For example: 03AT3102 identifies project number two for fiscal year 2003 for OUST(AT&L).

Item 4. The control number consists of the current fiscal year, a two-letter organization identifier, a three-digit organization identifier, a dash, and a number sequentially assigned by the organization to identify the specific request. For example, 01AT310-08 identifies the eighth request for fiscal year 2001 from OUSD(AT&L). All modifications to existing actions should use the original control number followed by a dash and a sequential number (Example: 01AT310-08-1).

Item 5. Enter descriptive title of the requirement. If an amendment, so indicate ("Amendment to add funds...").

Item 6. X discriminately as it will supplant the servicing of all other actions. Written justification from Information Technology (IT) Manager must be attached or sent via e-mail to DIOR/Systems and Services (S&S) to justify priority processing.

Item 7. Enter requested period of performance to reflect start/completion dates for contractor services.

Item 8. X appropriate block and enter existing contract number if applicable.

Item 9. X type of business, if known.

Item 10.
a. X Micro or Maxi to indicate Purchase Card Type.
b. X appropriate Purchase Card holder.

Item 11.
a. Enter a brief synopsis of items/services being requested. Also use this block for any special instructions, i.e., outgoing MIPR address.
b. Indicate whether or not the requirement complies with Section 508 of the Rehabilitation Act, as amended. If not, address the exception in FAR Part 39.204 in Item 11.a. or on a separate sheet.
c. Indicate whether or not the requirement is for a mission critical or mission essential Information Technology (IT) system as defined in DODI 5000.2, Enclosure 2. If yes, enter the system name and identification number used for registration with the DoD Chief Information Officer (CIO).

Item 12. Enter recommended sources, contacts, telephone numbers, and e-mail addresses and attach quotes from these sources, if appropriate.

Item 13. X if incoming MIPR, outgoing MIPR, or an Inter-Agency Agreement.

Item 14. Indicate the appropriation (e.g., O&M, Procurement, RDT&E), object class, fiscal year, dollar amount, fund cite if other than WHS IT funds, and incoming MIPR number, if applicable, for this request. The dollars shown should match the total of all items listed on the DD 562-1. Multiple appropriations may be shown on the same DD 562.

Item 15.

- a. This block contains the required security statement.
- b. Select and enter one of the security statements shown below:
 - (1) "Contractors require access to classified areas or information. DD Form 254 (Department of Defense Contract Security Classification Specification) previously completed for contract number DASW01-XX-X-XXXX." This statement is used for maintenance or other services for which contractors require access to classified information or unescorted access to classified areas and there is a current DD Form 254 on file in the PFFA.
 - (2) "Contractors require access to classified areas or information. See attached DD Form 254." Use when contractors require access to classified information or unescorted access to classified areas and there is no current DD Form 254 on file in the PFFA.
 - (3) "Contractor does not require access to classified information or systems." Use for maintenance, software or other services not requiring access to classified data.
 - (4) "Software has a written guarantee and does not degrade security." Use for the purchase of commercial off-the-shelf (COTS) software for use on a classified system.
 - (5) "Software has a written guarantee." Use for the purchase of COTS software that will be used on an unclassified system.

Item 16. Enter complete shipping address, including nine-digit ZIP Code, and telephone number.

Item 17. Enter the e-mail address of the person to whom Defense Contract Command - Washington (DCC-W) should send an electronic copy of the contract or delivery order.

Item 18.

- a. Enter reviewer's name, phone number, and signature. PFFA security reviews must be completed prior to submission of the DD 562 to WHS/DIOR/S&S.
- b. If the contractual vehicle is an S&S managed contract, enter the appropriate S&S Contracting Officer Representative (COR)'s name and phone number. If not, use organization COR for this action.
- c. Enter Point of Contact information.

Item 19. The signature of the WHS Chief Information Officer (CIO) or OSD Principal Assistant or Designee certifies the accuracy of the security statements in Item 15 above, in addition to approving the action.
Note: A memorandum designating authority to approve DD 562 actions must be on file in S&S.

Item 20. DIOR/S&S use only.

REQUEST FOR INFORMATION TECHNOLOGY (IT) GOODS AND SERVICES
(Continuation)

PAGE | OF

1. OSD/WHS ORGANIZATION

2. CONTROL NUMBER

3. GOODS/SERVICES REQUESTED

a. ITEM NO.	b. EQUIP COMP CODE	c. CLIN	d. ITEM DESCRIPTION	e. QUANTITY	f. UNIT	g. UNIT PRICE	h. AMOUNT
						i. TOTAL	