



U.S. Fish and Wildlife Service Program Purchase Request (New Requirement)

You must complete this form to initiate the creation of a purchase request in the Financial and Business Management System (FBMS). After you have completed all fields below, this request must be approved by the program office Supervisory Approver and Certifying Funds Approver, then submitted to the FBMS Requisitioner via the PPR Processing Site. **Be sure to complete the entire form before inserting a digital signature. You will not be able to make further edits after the form has been digitally signed.**

Notes
(For Requisitioner Use Only)

PPR # _____

PR # _____

Release Strategy:

Begin Date: _____

End Date: _____

Program Purchase Request (PPR) Requisitioner Information

Name: McChesney Gerry
(Last) (First) (MI)

Phone Number: (510) 792-0222 Program Office/Field Office: San Francisco Bay NWR Complex

For use by requesting program office

Internal Reference No.: _____ Requester Name: _____ Phone: _____

Additional Ad Hoc Approver: (for use outside of FBMS) _____
(Last) (First)

Purchase Request (PR) Header Information

☐ This is a Law Enforcement IT purchase and requires IT approval from Law Enforcement Specialist (mapped to ACQ_AO_IT role)

Use this space to address any additional information relevant to the PR, such as: the GSA, IDIQ, BPA, or other known contract number; the name of the Buyer/Contracting Officer of the IDIQ or BPA if this is a TO/DO or BPA call; the name/phone number of the DOI-certified Contracting Officer's Technical Representative; indication as to whether this request is subject to the availability of funds (SAF).

Mod 1 F14AC00237 Point Reyes Bird Observatory (dba Point Blue Conservation Science) cooperative agreement. Grants Specialist is Patrick Schulze. Mod 1 is to add additional funds in the amount of \$152,630.00. original PR is 20047158.
POC for agreement is Gerry McChesney 510 792-0222 x222

Customer Data Tab

PR Title: Mod 1 F14AC00237 PRBO and Farallon NWR (Max 40 Characters)

PR Type: (check one)

- ☐ Funded (POs, Contracts, Awards marked "SAF", TOs/DOs, BPA calls, Inter-Agency Agreements)
☐ Unfunded (BPAs, IDIQs, BOAs) Note: Not for awards marked "SAF"
☐ Autochoice
☐ Intra-Agency Agreement
☒ Financial Assistance

☐ This is a pre-award change to a PR

☐ This is a ratification

Period of Performance: (for services)

From: 04/1/2015 or current [mm/dd/yyyy]

To: 03/31/2019 [mm/dd/yyyy]

FBMS Receiving Official/COR: N/A
(Last) (First)

Originating Office (Requisitioner's Office): San Francisco Bay NWR Complex
(Address - Line 1)
1 Marshlands Road
(Address - Line 2)
Fremont CA 94555-3617
(City) (State) (Zip code)

Originating Office Code: 30000 3960 GSA/Other Known Contract Number: _____



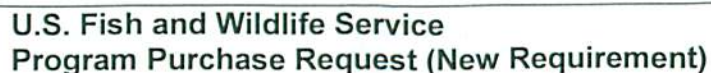
U.S. Fish and Wildlife Service **Program Purchase Request (New Requirement)**

Line Item Data

Line No.	Good (ea) or Service (au)	Description (Max. 40 Characters)	Quantity (For services, enter "1")	Unit Price*	BOC and PSC/UPC (if known)	Delivery Date (mm/dd/yyyy) (For services: last day of POP)	Purchasing Group	Subject to Availability of Funds (SAF)	Line Total
10	au	Monitoring & Refuge Stewardship	1	101,753.33	411C/411C0000	03/03/2019	F01	no	101,753.33
20	au	Refuge Stewardship	1	50,876.67	411C/411C0000	03/03/2019	F01	no	50,876.67
30									0.00
40									0.00
50									0.00
60									0.00
70									0.00
80									0.00
90									0.00
100									0.00
110									0.00
120									0.00
130									0.00
140									0.00
150									0.00
Total									\$152,630.00

*Note to FBMS Requisitioner: For service line items, you must enter "D" in the item category field to access the limits tab where you will enter the price.

If extra lines are needed, provide additional items and corresponding required information on a separate page as an attachment.



Custodial Property Officer Name: _____
(assets only) (Last) (First)

Provide digital signatures below after all other fields are completed. Handwritten signatures and approvals via email are also acceptable. If approving via email, make sure to include as an attachment.

Account Assignment Tab/Limits Tab

It is recommended that items with multiple lines of accounting be split by percentage rather than by dollar amount due to errors in the system when splitting by dollar amount.

If extra space is needed, provide additional accounting information on a separate page as an attachment.



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Delivery Address Tab

If using multiple delivery addresses, please specify corresponding line item numbers.

Delivery Address 1: FWS SAN FRANCISCO BAY NWR COMPLEX
(Address – Line 1)
1 MARSHLANDS ROAD
In reference to (Address – Line 2)
Line Item No.: FREMONT CA 94555-3617 (510) 792-0222
10 (City) (State) (Zip code) (Phone number)
Delivery Address I.D. Number (If known): 0008350415

Delivery Address 2: SAME AS LINE 10
(Address – Line 1)
In reference to (Address – Line 2)
Line Item No.: 20 (City) (State) (Zip code) (Phone number)
Delivery Address I.D. Number (If known):

Delivery Address 3:
(Address – Line 1)
In reference to (Address – Line 2)
Line Item No.: (City) (State) (Zip code) (Phone number)
Delivery Address I.D. Number (If known):

If extra space is needed, provide additional delivery information on a separate page as an attachment.

Documents Attached

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Additional Accounting Information | <input type="checkbox"/> PPR Approvals |
| <input type="checkbox"/> Additional Delivery Information | <input type="checkbox"/> Market Research |
| <input type="checkbox"/> Additional Line Items | <input type="checkbox"/> Statement of Need (IT Requirements) |
| <input type="checkbox"/> Drawings, Maps, Illustrations | <input type="checkbox"/> Statement of Work: Performance Based or Other |
| <input type="checkbox"/> FISMA (IT Requirements) | <input type="checkbox"/> Section 508 Compliance (IT Requirements) |
| <input type="checkbox"/> Independent Government Estimate | <input type="checkbox"/> Technical Evaluation Criteria |
| <input type="checkbox"/> Justification for a Non-Competitive Requirement (FAR 6.302-1) | <input type="checkbox"/> Other: FISHNET LINKS |

Approvals

If a specific Supervisory and/or Ad Hoc Approver must review the PR in FBMS, include names below (not a required field).

FBMS Supervisory Approver: _____
(Last) (First)

FBMS Ad Hoc Approver: _____
(Last) (First)

FBMS IT Approver (Law Enforcement): _____
(Last) (First)