

NOTICE OF INTENTION TO MAKE A SERVICE CONTRACT AND RESPONSE TO NOTICE

Rev. Feb. 1973

1. Notice No. TBA

[Form Instructions](#)

PROCUREMENT INFORMATION

If **Sole Source** type of procurement, name of organization agreement is with

Procurement Type

2. Estimated Solicitation Date

3. Est. Date Bids/Proposals Opened or
Negotiations Begun

4. Date Contract Performance to Begin

5. PLACES OF PERFORMANCE

State

Counties

6. SERVICES TO BE PERFORMED

Service Category

Description of Services

7. INFORMATION ABOUT PERFORMANCE

- A. Services now performed by contractors
- B. Services now performed by Federal employees
- C. Services not presently being performed

8a. NAME AND ADDRESS OF INCUMBENT CONTRACTOR(S) (If box A in item 7 is marked, complete item 8)

#1	Name	<input type="text"/>	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
#2	Name	<input type="text"/>	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
#3	Name	<input type="text"/>	Address	<input type="text"/>		
	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

8b. YEAR AND SEQUENCE NUMBER OF ANY WAGE DETERMINATIONS IN INCUMBENT'S CONTRACTS

#1	Year	<input type="text"/>	Sequence Number	<input type="text"/>
#2	Year	<input type="text"/>	Sequence Number	<input type="text"/>
#3	Year	<input type="text"/>	Sequence Number	<input type="text"/>

8c. NAMES OF UNIONS IF SERVICES ARE BEING PERFORMED UNDER COLLECTIVE BARGAINING AGREEMENTS

#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

9. OFFICIAL SUBMITTING NOTICE

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>	Date	<input type="text"/>
Phone	<input type="text"/>	Ext.	<input type="text"/>
		Fax	<input type="text"/>

10. DEPARTMENT, AGENCY, BUREAU, OR DIVISION

<input type="text"/>

11. NAME AND ADDRESS OF CONTACT PERSON

Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

STANDARD OCCUPATIONS

12a. Occupations	13a. Number of employees	14a. Hourly wage
#1		
#2		
#3		
#4		
#5		

NON-STANDARD OCCUPATIONS

12b. Position	Description	13b. Number of employees	14b. Hourly wage
#1			
#2			
#3			
#4			
#5			

15. COMMENTS

For help with the SF-98 Form, [view the instructions](#).

For additional help,
please contact the Wage and Hour Division at
(202) 515-2666.

Help Desk is open Monday through Friday, 8:00 AM until
5:00 PM EST.