OFFICE OF SPACE AND BUILDING MANAGEMENT (OSBM) WORK REQUEST HERBERT C. HOOVER BUILDING

To be completed by OSBM CG6 A CONTROL NO:			RECEIPT	Γ DATE:
SECTION I: REQUEST FOR SER	VICES (To be completed by Or	dering Agenc	y) Agency CO	NTROL NO:
1. Requesting Office/Bureau:				
2. Agency Point of Contact:				
3. Location of Work Requested	(Typed Name)		(Room No.)	(Phone)
4. Description of Work:	(Room/Location)			
			Atta	achments: No
5. Charge To:				_
(Agency Accounting I 6. Ordering Agency Official:	Data)			
5. Ordering Agency Official.	(Signature)	(Date)		(Phone)
	(Alama)	(Deciti	on/Title)	
ECTION II: COST ESTIMATE (To	(Name)	(FOSILI	on/fille)	
ECTION II. COST ESTIMATE (10	be completed by OSBIVI)			
Item/Act	ivity	7. Est	timated Cost	8. Final Cost
onstruction				
arpet				
raperies				
urniture				
lectric HVAC Paint Plur	mber Carpenter			
Detailed Estimate Attached:	No TOTAL:			
9. Project Coordinator:				
	(Signature)	(Da	ate Estimated)	(Phone)
	(Name)	(1	Position/Title)	
SECTION III: WORK PERFORMA	NCE AUTHORIZATION/FUNDS	S AVAILABLI	E (To be compl	
Authorized Agency Official:				OEB Authorization for OS Projects over \$25,000
(Signature) (Date) (Phone)			
(Name)	(Position/Title)			
SECTION IV: COMPLETION CER	TIFICATION To be completed by OS	SBM/Ordering Agency	To be completed by	y OSBM
11. Project Physically Complete	e:	1.90.707	13. Partial Billing	g:
12. Authorized Agency Official:	(Date)		(0)	
(Signature)	(Date) (Phone)		(Signature)	(Date)
(Nama)			14. Final Billing:	
(Name)	(Position/Title)		(Signature)	(Date)

INSTRUCTIONS FOR COMPLETING THE CD-410

GENERAL:

- Complete SECTION I, ensuring the Ordering Agency (POC) has logged the request and filled in the Ordering Agency Control Number (if applicable) and then forward to the Office of Space and Building Management (OSBM) in Room 1323 for cost estimating.
- OSBM will issue a control number and contact the Ordering Agency POC for details to complete SECTION II.
- OSBM will then return the form to the Ordering Agency POC to complete SECTION III. Services cannot be provided until SECTION III is completed and the form is returned to OSBM.
- All fields should be typed or printed. Separate CD-410s should be submitted for each project.

SECTION I: REQUEST FOR SERVICES

- 1. Enter the Office/Agency/Bureau requesting work.
- 2. Enter the name and phone number of the office/Agency/Bureau person designated as the representative for the requested work.
- 3. Enter the exact location where the requested work is to be performed.
- 4. Enter a full but concise statement describing the work requested. Attach additional information as necessary.
- 5. Enter the requesting Office/Agency/Bureau's account code used to fund the project.
- Signature and details of Office/Agency/Bureau's official authorizing the work request.

SECTION II: COST ESTIMATE

- 7. Enter in the project items and estimated costs for each group of items (including labor and materials), as well as the total project cost for the services requested. An itemized breakdown of all costs should be provided via separate attachment if required.
- 8. Enter in the actual cost of each group of items (including labor and materials), as well as the total project cost for the services provided. An itemized breakdown of all costs should be provided via separate attachment if required.
- 9. Signature and details of OSBM Project coordinator who prepared the estimate.

SECTION III: WORK PERFORMANCE AUTHORIZATION/FUNDS AVAILABLE

10. Signature and details of Office/Agency/Bureau official authorized to obligate funds and authorize performance of work or services.

SECTION IV: COMPLETION CERTIFICATION

- 11. OSBM to enter the date of physical completion of the project.
- 12. Signature and details of Office/Agency/Bureau official certifying that all work and/or services have been provided. The CD-410 is considered closed at this point.
- 13. OSBM billing official to date and sign when partial billing of a project has been conducted (if required).
- 14. OSBM billing official to date and sign when final billing of a project has been completed.

Form **CD-410 Part 2** (REV 11-08)

OFFICE OF SPACE AND BUILDING MANAGEMENT (OSBM) WORK REQUEST CHANGE FORM HERBERT C. HOOVER BUILDING

To be completed by OSBM

CHANGE NO: _

CD-410 OSBM Control Nu	mber:	Agency Control	No:
Change to Scope of Work:			
Ordering Agency Official:			
	(Signature)	(Date)	
	(Name)	(Phone)	
	(Position/Title)	(Room)	
Revised Estimate:			
		Original Entire stad Coast	New Estimated Cost
Item/Ac	etivity	Original Estimated Cost	New Estimated Cost
Item/Ac	etivity	Original Estimated Cost	New Estimated Cost
Item/Ac Construction Carpet	ctivity	Original Estimated Cost	New Estimated Cost
Item/Ac Construction Carpet Oraperies	ctivity	Original Estimated Cost	New Estimated Cost
Item/Ac Construction Carpet Oraperies	ctivity	Original Estimated Cost	New Estimated Cost
Construction Carpet Draperies Furniture		Original Estimated Cost	New Estimated Cost
Item/Ac Construction Carpet Oraperies Furniture	Plumber Carpenter	Original Estimated Cost	New Estimated Cost
Item/Acconstruction Carpet Oraperies Furniture Electric HVAC Paint		Original Estimated Cost	New Estimated Cost
Item/Ac Construction Carpet Oraperies Furniture	Plumber Carpenter	Original Estimated Cost	New Estimated Cost
Item/Acconstruction Carpet Oraperies Furniture Electric HVAC Paint	Plumber Carpenter TOTAL:		New Estimated Cost

INSTRUCTIONS FOR COMPLETING THE CD-410 CHANGE FORM

GENERAL:

Complete SECTION 1, ensuring the Ordering Agency POC has logged the request and filled in the Ordering Agency Control Number (if applicable) and then forward to the Office of Space and Building Management provide a cost estimate for the change of work requested via SECTION II. The CD-410 will be returned to the originating office for review of the cost change and to make adjustments as necessary. Once the cost estimate for the change of work is agreed, concurrence and approval to obligate the funds and proceed with the work is completed via SECTION III. A change of work scope or services will not be provided until SECTION III is signed and returned to OSBM.

- All fields should be typed or printed.
- Separate CD-410 Change Forms should be submitted for each group of changes.

SECTION I: REQUEST FOR SERVICES

- 1. Enter the CD-410 Control Number of the project.
- 2. Enter a full but concise statement describing the work change requested. Attach additional information as necessary.
- 3. Signature and details of Office/Agency/Bureau's official authorizing the work change request.

SECTION II: COST ESTIMATE

- 4. Enter in all the original project items and original estimated costs for each group of items (including labor and materials), as well as the original total project cost for the services requested. Enter in all the new estimated costs for each group of items affected by the change. Enter in the new total project cost for the services requested. An itemized breakdown of all costs should be provided via separate attachment if required.
- 5. Signature and details of OSBM Project coordinator who prepared the revised estimate.

SECTION III: WORK PERFORMANCE AUTHORIZATION/FUNDS AVAILABLE

6. Signature and details of Office/Agency/Bureau official authorized to obligate funds and authorize performance of work or service changes.