



**PROJECT INFORMATION**

Date	Using Agency	Existing CAP project? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAP project number (if applies)
Project location address		Type of vendor requested	IDIQ or on-call (if known) <input type="checkbox"/> IDIQ <input type="checkbox"/> On-call
Are federal funds being used for any portion of this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal funding expiration date	
Project detailed description to help CAP determine best vendor (provide specific requirements or qualifications the vendor should possess)			

**SUBMITTED BY**

Name	Phone
Title	Email

**CONTACT INFORMATION**

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

**REQUESTED VENDOR (OPTIONAL)**

Vendor name	Contact name	Email
Vendor name	Contact name	Email
Vendor name	Contact name	Email

**INSTRUCTIONS**

1. If this is part of an existing CAP project, select "Yes" and provide the CAP project number (CAP-000### or CAP##-####).
2. Submit the completed form or any questions using the catalog items under Capital Assets Management on [ServiceNow](#).

**FOR CAP INTERNAL USE ONLY**

Assigned vendor

Contact name	Contact email	
Assigned project manager	Date NTP sent	CAP project number
Additional info		