AQD-91
5/13/2014

ORDER REQUEST FORM FOR GOVERNMENT FLIGHT SERVICES

This form should be submitted a minimum of five (5) working days before the planned start date.
Detailed instructions are at the end of this document.

SECTION 1

NAME OF REQUESTOR

CURRENT DATE

EMAIL ADDRESS

PHONE NUMBER

AGENCY

UNIT

BILLEE CODE

PROJECT NAME

http://oas.doi.gov/billee/index.html

REQUEST TYPE

Reason for Modification

Task Order #

CONTRACT TYPE

AQD Contracting Officer

Provide a detail description of either the Mission Requirement, i.e., recon, point-to-point, RX Burn (describe units), resource survey, other special needs, etc. OR a complete Modification Justification with all the requested changes below.

◯ MISSION REQUIREMENT ◯ MODIFICATION JUSTIFICATION

AIRCRAFT REPORTING LOCATION

CITY

STATE

PERIOD OF PERFORMANCE FLIGHT DATES

START

END

SECTION 2 Information below is provided from the Best Value Comparisons with the total estimated cost done on Pages 2/3.

Recommended Contractor

Contract/ARA #

Aircraft(s) Make/Model

Suggested FAA Tail Number(s)

Total Estimated Cost

SECTION 3

Funding Agency

Interagency Agreement #

DOI Bureau PR # Cross-Servicing (If Applicable)

DOD MIPR#

Finance/Budget Officer Name & E-mail

Office of the Secretary (ONLY) Complete Cost Structure

Phone Number

Agency Tracking # (If applicable)

AQD - Internal Use Only					
Treasury Acct. Symbol (TAS)		Funding Agency ID		Funding Office	

SUBMIT COMPLETED FORM TO: AQD91@ibc.doi.gov (not for AK Pilot Project)

COST COMPARISON

CONTRACTOR #1

CONTRACT # **AIRCRAFT (Make & Model)**

ITEM DESCRIPTION	PAY ITEM	QUANTITY	RATE	COMMENTS	TOTAL
Daily Availability (if applicable)	AV				
Estimated Flight Time					
Guarantee Flight (if applicable)					
Fuel Vehicle Mileage					
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
				Total Estimated Cost	

CONTRACTOR #2

CONTRACT # **AIRCRAFT (Make & Model)**

ITEM DESCRIPTION	PAY ITEM	QUANTITY	RATE	COMMENTS	TOTAL
Daily Availability (if applicable)	AV				
Estimated Flight Time					
Guarantee Flight (if applicable)					
Fuel Vehicle Mileage					
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
				Total Estimated Cost	

COST COMPARISON

CONTRACTOR #3

CONTRACT # **AIRCRAFT (Make & Model)**

ITEM DESCRIPTION	PAY ITEM	QUANTITY	RATE	COMMENTS	TOTAL
Daily Availability (if applicable)	AV				
Estimated Flight Time					
Guarantee Flight (if applicable)					
Fuel Vehicle Mileage					
Add'l Pay Items (list all that apply)					
Pay Items are based on specific contracts					
				Total Estimated Cost	

JUSTIFICATION

Use the section below to justify the suggested vendor that is not the lowest in price, i.e., vendor is unavailable to perform during the Period of Performance requested; vendor does not have the necessary equipment to provide the work, etc.

AQD-91 FLIGHT REQUEST FORM INSTRUCTIONS

The AQD-91 form has multiple pages that must be completed to the maximum extent possible to request and fund a project flight under an existing DOI contract. Complete fill in fields, drop down boxes on page 1 that are applicable and proceed to pages 2/3 Cost Comparison.

Should the identified IAA Funding Amount shown be insufficient to cover the "actual total cost" for the services that are incurred, the Contractor will not be paid for services until more funding is made available by your agency. If the total estimate in Section 2 of this form is exceeded, the requestor will be required to complete a modification to this request to supplement the order amount before the Contractor can be paid. Failure to complete the form adequately may result in the return of the form to the requestor for additional data before it can be processed.

SECTION 1:

1. Name of Requestor - The project manager name(s).
2. Current Date - The actual date the AQD-91 is completed.
3. E-mail Address - Requestor e-mail address.
4. Phone Number - Requestor phone number (may provide a couple of numbers, i.e., cell/work)
3. Agency - Provide Agency name or ID, i.e., Bureau of Land Management or BLM
4. Unit - Provide Unit name or ID, i.e., Boise Dist. or BOD
5. Billee Code - There is a link below this field to determine your specific Billee Code that will be used on a subsequent AMD23 at the completion of the flight.
6. Project Name - Provide a unique project name to use on the Contract Line Item Description.
7. Request Type - Select either Original or Modification Request. Note: If Modification, proceed to the Reason for Modification and Task Order # that is to be modified.
8. Contract Type - Select the type of contract being requested, i.e., On Call Small Helicopter, Wild Horse and Burro, ARA, FS Call When Needed T1 & T2 Helicopters, etc.
9. AQD Contracting Officer - Select the Contracting Officer for the Contract Type above.
10. Period of Performance Flight Dates - Identify a broadened Period of Performance to adequately cover potential weather events or other environmental or program delays. Identify the actual proposed project dates in the mission description.
11. Mission Requirement Description - Click and provide a detail description of the mission needs (Helicopter or airplane, recon, point-to-point, RX Burn, resource survey, other special needs, etc.) and applicable location information OR, Modification Justification - Click and provide a justification for the modification including, but not limited to, such things as a Period of Performance change, adding an aircraft, etc.
12. Aircraft Reporting Location - City and State the aircraft is to report for the mission.
13. Period of Performance Flight Dates - Provide a "reasonable" period of performance, keeping in mind potential weather events, etc.

SECTION 2:

1. Recommended Contractor - Based Cost Comparison on Pages 2/3, fill in the contractor name being suggested.
2. Contract/ARA# - Fill in the Contract or ARA number.
3. Aircraft(s) Make/Model - Identify the desired aircraft(s).
4. Suggested FAA Tail Number - With some programs, this information is necessary. If not, leave it blank.
5. Total Estimated cost - This is the **total amount** that will be obligated on the order based on the calculations on pages 2/3. (Note: If the IAA allows for more than the total estimate, it is allowable to round up the dollar amount.)

SECTION 3:

1. Funding Agency - Select your agency type, i.e., DOI Bureau, Non-DOI Bureau, EPA, etc.
2. Interagency Agreement # - DOI/Non-DOI Agencies - Fill in the appropriate IAA number for your agency.
3. DOD MIPR # - Department of Defense agreement number.
4. Office of Secretary Complete Cost Structure - Internal cost structure within this agency.
5. DOI Bureau PR# - Cross-Servicing (If Applicable) - For those agencies identified in the Cross-Servicing program, fill in your internal PR number.
6. Finance/Budget Officer Name & E-Mail - Provide your finance or budget contact name & e-mail. This information is valuable when there are finance issues and/or questions. A copy of the task order and the first page of the AQD-91 will be sent to this contact.
7. Phone Number - Finance or Budget Officer phone number.

Send completed form to AQD91@ibc.doi.gov when completed. (Do not send to this e-mail if the order is under the Alaska Pilot Project)

Cost Comparison - Pages 2 and 3 are to document a cost comparison of multiple existing DOI Contractors for the work that is being planned by using the applicable contract price listing(s) available at **http://oas.doi.gov** and follow the appropriate link. Three vendors are required for the cost comparisons.

The total should be an estimate for the ENTIRE project and MUST include all costs associated with mobilization and demobilization as well as the mission work to be done. Include ALL applicable additional pay items - *see individual contract listings for specific pay item codes, samples provided in the drop down boxes*.

At the conclusion of your findings, contact the vendor you will be suggesting as the awardee to ensure of their availability. If they are not available, identify your next best value contractor and use the justification section to explain.

1. Company #1/2/3 - Fill in the name of the contractor that is being priced for the mission requirement.
2. Contract # - Provide the Parent Contract number for the type of contract being requested, i.e., D14PCXXXXX, D14PAXXXX, etc.
3. Aircraft - Fill in the type of aircraft for the applicable prices used in the comparison.

From this point on, please note that once the Quantity and Rate have been entered, the form will calculate across and keep a running total at the bottom.

4. Daily Availability - Enter the total days in Quantity and the rate.
5. Estimated Flight Time - Select the pay item code FT (Wet Rate), FD (Dry Rate), or P24 (Project Rate). Enter total estimated flight hours in the quantity box, to include ferry time if the price remain the same per the contract. Enter the Rate.
6. Guarantee Flight (GT (wet) or GTD (dry)) - Enter guaranteed flight hours and the rate.
7. Fuel Vehicle Mileage - Select the size of the fuel truck and fill in the rate.
8. Add'l Pay Items - A rather extensive list is available in the drop down box, however, the field does allow for manual fill in if the pay item code needed is not in the pre-populated drop down box. Enter the Rate.
9. Justification - Use the section to justify the suggested vendor that is not the lowest in price, i.e., vendor is unavailable to perform during the Period of Performance requested; vendor does not have the necessary equipment to provide the work, etc.