

<h1 style="margin: 0;">REQUISITION</h1>					PROCUREMENT REQUEST NO. PR-OAR-22-01046	
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT Brandon Hawkins/919-541-0880					REQUISITION DATE 06/13/2022	
3. ORIGINATING OFFICE DATA OAR/OAQPS/CORE					2. TYPE OF REQUEST (Check one) A. <input checked="" type="checkbox"/> NEW REQUEST	
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.)					B. <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C. <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____	
5. APPROVALS					6. CONSIGNEE AND DESTINATION	
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING		OAR/OAQPS/CORE US Environmental Protection Agency Mail Code: C404-02 109 TW Alexander Drive Durham NC 27711	
			INITIALS (D)	ROUTING SYMBOL (E)		
(1) AUTHORIZED REQUISITIONER						
Brandon Hawkins	OAR/OAQPS	06/15/2022				
(2)						
Financial Interface	COTS	06/15/2022				
(3)					7. DATE(S) REQUIRED	
Johnetta Heilig	OAR/OAQPS	06/15/2022				
(4)					8. GOVERNMENT FURNISHED PROPERTY	
Margaret Dougherty	OAR/OAQPS	06/15/2022			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "yes," see par. 8 of instructions on next page.)	
9. DESCRIPTION OF ITEMS OR SERVICES						
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST		
				UNIT (E)	AMOUNT (F)	
0001	Brand Name: N Rec Proc Method: EXISTING CONTRACT Period of Performance: 06/13/2022 to 09/12/2022 Purpose: Request Exercise Option 1 (FAR 52.217-9) Task Order#: 68HERH21F0334 Task Order Project Title: Air Quality Modeling Assessment Tools (AQMAT) Development Contractor Name: University of North Carolina at Chapel Hill (UNC-CH) BPA Number: 68HERD21A0002 TOCOR Name: Carey Jang COR: Brandon Hawkins Accounting Info: 21-22-B-53G4-000A46-2505-2253GP2029-001 BFY: 21 EFY: 22 Fund: B Budget Org: 53G4 Program (PRC): 000A46 Budget (BOC): 2505 DCN - Line ID: 2253GP2029-001 Funded: \$1,342.00 Accounting Info: 21-22-B-53G4-000A59-2505-2253GP2029-002 BFY: 21 EFY: 22 Fund: B Budget Org: 53G4 Program (PRC): Continued ...				249,524.00	
				TOTAL ESTIMATED COST \$249,524.00		
10. ACCOUNTING DATA						
See Schedule						

INSTRUCTIONS FOR PREPARATION OF PROCUREMENT REQUEST (PR)

- GENERAL** - Leave upper right hand corner blank. These spaces are for procurement office use. Complete all applicable blanks.
NAME, PHONE NUMBER AND ROUTING SYMBOL
of person to contact concerning this request.
- ITEM 1** - justification should be attached to the PR. The justification should state why expedited handling is necessary and the probable results if the indicated delivery date(s) is not met.
- ITEM 2** - TYPE OF REQUEST
A. Check "New Request" if this is an initial request.
B. If this is a change to a pending PR, check and enter PR number assigned by procurement office.
C. If PR is for modifying an existing order or contract, check box, and enter order or contract number assigned by procurement office.
- ITEM 3** - ORIGINATING OFFICE DATA. Enter any internal data needed by the office preparing the PR, such as internal PR number, project or task number etc.
- ITEM 4** - ADDITIONAL INFORMATION. Use this space to indicate suggested sources of supply, any applicable security classification, or for other instructions or data.

If the items or services are proposed to be obtained from only one source of supply, furnish a "sole source" justification with the PR.
- ITEM 5** - APPROVALS.
COL.A_APPROVING OFFICIALS. Enter typed name and title for approving officials as indicated below:

(1) Authorized Requisitioner. Signature of person authorized to approve request for procurement action.

(2) - (4) For use as may be required by local instructions.

COL.B_ROUTING SYMBOL. Self-explanatory
COL.C_DATE. Give date of approval.
COL.D AND COL.E_INTERNAL ROUTING. Use these blocks only if internal review and intermediate approvals are required by approving officials.
- ITEM 6** - CONSIGNEE AND DESTINATION Enter the name of the consignee and address location where requested items are to be delivered or services are to be performed.

If shipments are to be made to more than one destination, enter words "Multiple Destinations" in this block, and attach a list of the consignee address where shipments are to be made.
- ITEM 7** - DATE(S) REQUIRED. Enter the date(s) that re-requested items are required. Do not use "as soon as possible" or similar terms. When the requested items and/or services are required sooner than the normal procurement lead-time would permit, a written
- ITEM 8** - GOVERNMENT FURNISHED PROPERTY. If "Yes" is checked, describe each item to be furnished by the Government and state its acquisition cost (estimated if unattainable), and state the use to be made of the item(s) by the contractor.
- ITEM 9** - DESCRIPTION OF ITEMS OR SERVICES

COL.A__ITEM NO. Enter item numbers in numerical sequence.

COL.B__ITEM OR SERVICE. Identify applicable specifications, drawings, and purchase descriptions, and attach a copy of each. Provide Federal Stock Numbers if known and manufacturer's part number, if applicable.

If a brand name or equal product, state the commercial brand name and model, and set forth those characteristics essential to Government needs.

Furnish any special shipping and routing instructions, and any preservation, packaging, packing, and marking instructions.

Furnish any other instructions, such as inspection and testing requirements

COL.C_QUANTITY. Enter the quantity of each item requested.

COL.D_UNIT. The measure such as "each", or "set"

COL.E_ESTIMATED UNIT COST. Use the most current price available, i.e., the reasonable "going market price," as may be obtainable from commercial catalogs, price lists, bulletins, reports, trade journals and the like.

If the requested item or service has been previously procured, and no other more current pricing data is available, use last known purchase price.

COL.F_ESTIMATED TOTAL COST. Enter the total estimated cost for each item and grand total cost for all items.
- ITEM 10** - ACCOUNTING DATA. Enter the appropriations(s) under which funds have been made available, and any other accounting data required.

ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST	
				UNIT PRICE (E)	AMOUNT (F)
	000A59 Budget (BOC): 2505 DCN - Line ID: 2253GP2029-002 Funded: \$38,748.00 Accounting Info: 22-23-B-53G4-000A58-2505-2253GP2029-003 BFY: 22 EFY: 23 Fund: B Budget Org: 53G4 Program (PRC): 000A58 Budget (BOC): 2505 DCN - Line ID: 2253GP2029-003 Funded: \$197,326.00 Accounting Info: 22-23-B-53G4-000A59-2505-2253GP2029-004 BFY: 22 EFY: 23 Fund: B Budget Org: 53G4 Program (PRC): 000A59 Budget (BOC): 2505 DCN - Line ID: 2253GP2029-004 Funded: \$12,108.00				