

**REQUIREMENTS DETERMINATION FOR
CONTRACTOR SUPPORT SERVICES**
NAVAIR FORM 4200/31 (REV. 7-82)

1. NO CORRECTIONS PERMITTED
2. USE BLANK SHEET OF PAPER
IF MORE SPACE IS REQUIRED

CONTROL NO.

PART I—GENERAL INFORMATION

PROJECT	RESOURCE PLAN <input type="checkbox"/> YES SEQ NO DIV <input type="checkbox"/> NO	PROCUREMENT REQUEST NO.	To be completed by Contr Off CONSULTING <input type="checkbox"/> YES <input type="checkbox"/> NO
ORIGINATOR	CODE	TELEPHONE NO.	CSS CODE
DATE			

DESCRIBE CONTRACTOR SUPPORT SERVICES

ESTIMATED COST

	ESTIMATED NUMBER MAN YEARS	DURATION OF CONTRACT	ESTIMATED TOTAL COST	TYPE APPROPRIATION	FY FUNDS BUDGETED IN PB-21
BASIC					
OPTION 1					
OPTION 2					

BASIS FOR ABOVE ESTIMATES (*Explain*)

PRIOR PROCUREMENT HISTORY

I, S, OR R	CONTRACTOR	CONTRACT NUMBER	PRICE	ESTIMATED NUMBER MAN YEARS	CONTRACT PERIOD

JUSTIFY NEED TO PROCURE CONTRACTOR SUPPORT SERVICES

PART II—SOLE SOURCE *(Complete only if sole source acquisition)*

CONTRACTOR	MARKET SEARCH	CAN INDIVIDUAL LINE ITEMS BE COMPETITIVELY PROCURED	UNSOLICITED PROPOSAL
	<input type="checkbox"/> YES <i>(Attach Supp Evid)</i> <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

JUSTIFICATION

FUTURE PLAN TO FOSTER COMPETITION

IMPACT IF DIRECTED TO GO COMPETITIVE OR TO ALTERNATE SOURCE

PART III—CERTIFICATIONS

I CERTIFY THAT ALL FACTS AND REPRESENTATIONS UNDER MY COGNIZANCE IN THIS DETERMINATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ORIGINATOR <i>(Signature and Title)</i>	CODE	TELEPHONE NO.	DATE
DIVISION DIRECTOR/PROJECT MANAGER <i>(Signature and Title)</i>	CODE	TELEPHONE NO.	DATE
FIELD ACTIVITY HEAD/ALTERNATE <i>(Signature and Title)</i>	ACTIVITY/CODE	TELEPHONE NO.	DATE

AS COMPTROLLER I HAVE REVIEWED THE REQUIREMENTS DETERMINATION. FUNDS WERE/WERE NOT BUDGETED FOR THIS REQUIREMENT AND THE FOLLOWING ARE MY COMMENTS.

COMPTROLLER	CODE	TELEPHONE NO.	DATE
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AS COUNSEL I HAVE REVIEWED THIS REQUIREMENTS DETERMINATION FOR CONFORMANCE WITH THE APPLICABLE LAW AND REGULATIONS AND THE FOLLOWING ARE MY COMMENTS.

COUNSEL	CODE	TELEPHONE NO.	DATE
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PART IV—APPROVALS

After careful review of this Requirements Determination, I certify that:

- a. The results which are to be derived from the CSS requested herein are required to accomplish the mission of NAVAIR and are worth the expenditure of funds requested.
- b. The requirement reflects the minimum needs of NAVAIR.
- c. In my judgment, an acceptable product cannot be obtained at lesser cost by utilizing information and/or data from previous efforts of a similar nature.
- d. In my judgment, the requirement does not bypass or undermine personnel ceilings, pay limitation, or competitive employment procedures.
- e. No viable alternative exists for accomplishing the specified task(s) with US Government personnel.
- f. Funds are available for this requirement.

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	FLAG/SES <i>(Signature and Title)</i>	CODE	TELEPHONE NO.	DATE
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(Applicable for noncompetitive requirements over \$1M)

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DON OVERSIGHT MANAGER <i>(MAT-02B)</i>	CODE	TELEPHONE NO.	DATE
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