

353.370-393 Form HHS 393, Purchase/Service/Stock Requisition.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PURCHASE/SERVICE/STOCK REQUISITION		REQUISITION NUMBER 511163			
BPA and Call No. _____		OFFICE CODE/SYMBOL			
TO _____		REQUEST FOR <input type="checkbox"/> PURCHASE <input type="checkbox"/> SERVICE <input type="checkbox"/> STOCK ISSUE <input type="checkbox"/> RENTAL/LEASE			
REQUESTING ORGANIZATION _____		CUSTODIAL AREA _____	DATE _____		
FOR REFERENCE CALL _____		EXTENSION _____	APPROPRIATION _____		
DELIVER TO _____		CAN _____			
		DATE REQUIRED _____			
ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL
I certify that the property/services requested are required for Government business, and are not available from excess or current assets.*		FUNDS AVAILABLE (Signature/Title) _____	DATE _____	TOTAL _____	
REQUESTED BY (Signature/Title)* _____	DATE _____	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.			
RECOMMEND APPROVAL (Signature/Title)* _____	DATE _____	RECEIVING OFFICIAL (Signature/Title) _____		DATE _____	
APPROVED BY (Signature/Title)* _____	DATE _____	ORDER NO. (PO, DO, FEDSTRIP, ETC.) _____		ORDER DATE _____	
PROPERTY MANAGEMENT OFFICER (Signature)* _____	DATE _____	VOUCHER NO. _____		VOUCHER DATE _____	

HHS - 393 (Rev. 4/81)

[51 FR 44295, Dec. 9, 1986]

353.370-674 Form HHS 674, Structured Approach Profit/Fee Objective.

Structured Approach Profit/Fee Objective				
CONTRACTOR			RFP/CONTRACT NO.	
BUSINESS UNIT			CONTRACT TYPE	
ADDRESS				
CONTRACTOR EFFORT				
1. COST CATEGORY	GOVERNMENT'S COST OBJECTIVE <small>(a)</small>	WEIGHT RANGE <small>(b)</small>	ASSIGNED WEIGHT <small>(c)</small>	WEIGHTED PROFIT/FEE <small>(1a) x (c)</small> <small>(d)</small>
MATERIAL ACQUISITION		1% to 5%		
DIRECT LABOR		4% to 15%		
OVERHEAD		4% to 9%		
OTHER COSTS		1% to 5%		
GENERAL MANAGEMENT (G & A)		4% to 8%		
1. A	TOTAL			
2 OTHER FACTORS				
FACTOR	MEASUREMENT BASE <small>(a)</small>	WEIGHT RANGE <small>(b)</small>	ASSIGNED WEIGHT <small>(c)</small>	WEIGHTED PROFIT/FEE <small>1. A (d) x (c)</small> <small>(e)</small>
COST RISK	TOTAL COST OBJECTIVE 1. A (a)	0% TO 7%		
INVESTMENT		-2% TO +2%		
PERFORMANCE		-1% TO +1%		
SOCIO ECONOMIC PROGRAMS		-3% TO +3%		
SPECIAL SITUATIONS				
2. A	TOTAL OTHER FACTORS			
3			SUBTOTAL PROFIT/FEE LINES (1.A) + (2.A)	
4.			LESS FACILITIES CAPITAL COST OF MONEY	
5.			TOTAL PROFIT/FEE OBJECTIVE LINE (3) - (4)	

FORM HHS-674 (12/81)

[49 FR 14047, Apr. 9, 1984]