

STATE WATER RESOURCES CONTROL BOARD Form No. SWRCB 3-020 Rev. 04/10  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">CONTRACT REQUEST</div>				1. DATE RECEIVED BY CONTRACTS SECTION (Contracts Section Use )			
2. CONTRACTOR NAME				3. CONTRACT NUMBER (Leave Blank For New Contracts)  <div style="text-align: center;">-   -</div>		3A. AMENDMENT #	
4. ADDRESS (Street) / (P.O. Box)				ORIGINATING ORGANIZATION INFORMATION			
5. E-mail Address (if available)				6. DIVISION/REGION			
7. (City) (State) (Zip Code)				8. CONTRACT CONTACT (Type or Print and Sign)		TELEPHONE  Date:	
9. CONTRACTOR'S PROJECT DIRECTOR			TELEPHONE	10. CONTRACT MANAGER (Type or Print and Sign)		TELEPHONE  Date:	
11. CONTRACTOR'S ADMINISTRATIVE REPRESENTATIVE			TELEPHONE	12. REG. E.O./DIV. CHIEF (Type or Print and Sign) I have reviewed this request and determined that it meets current program policy.  <div style="text-align: right;">Date:</div>			
13. FEDERAL EMPLOYER ID NUMBER		14. DVBE  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		15. SMALL BUSINESS  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		16. RESOLUTION NUMBER	
17. TYPE OF REQUEST  NEW CONTRACT: <input type="checkbox"/> Standard <input type="checkbox"/> Interagency <input type="checkbox"/> Reimbursable <input type="checkbox"/> Loan <input type="checkbox"/> IPA <input type="checkbox"/> Renewal/Prior Contract No. _____  AMENDMENT: <input type="checkbox"/> Add Funds <input type="checkbox"/> Add Funds-Extend Time <input type="checkbox"/> Reduce Funds <input type="checkbox"/> Add Work <input type="checkbox"/> Decrease Work <input type="checkbox"/> Extend Time <input type="checkbox"/> Other _____							
18. PROJECT TITLE AND REASON FOR CONTRACT OR AMENDMENT (LIMIT REMARKS TO 3 TYPED LINES)							
19. AMOUNT OF CONTRACT OR AMENDMENT  <div style="font-size: 1.2em;">\$</div>			20. TERM OF CONTRACT (Month/Day/Year - Month/Day/Year)			21. AMENDED END DATE	
22. FUNDING / INFO PCA NUMBER							F.Y. TOTALS
FUNDING SOURCE							
F.Y.	\$	\$	\$	\$	\$	\$	\$
F.Y.	\$	\$	\$	\$	\$	\$	\$
F.Y.	\$	\$	\$	\$	\$	\$	\$
F.Y.	\$	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$	\$

••••• FOR OFFICE / SECTION USE ONLY •••••

APPROVALS	INITIALS	DATE	APPROVALS	INITIALS	DATE
PERSONNEL OFFICE			OFFICE OF CHIEF COUNSEL		
DIVISION OF INFORMATION TECH.			ACCOUNTING		
CONTRACTS ANALYST			DAS DEPUTY DIRECTOR		
CONTRACTS CHIEF			BUDGETS OFFICE:		