

UNITED STATES DEPARTMENT OF AGRICULTURE
 Mission Area: _____
SUMMARY OF PLANNED ACQUISITIONS

Agency Name: _____

DATE: _____

REFERENCE	TYPE OF SERVICE (Describe Service)	ESTIMATED TIME TO COMPLETE PROJECT	ESTIMATED COST OF PROPOSED CONTRACT	COMPETITIVE (Yes/No)	NAME OF PROPOSED CONTRACTOR (If Known)

Certify that these services are necessary to meet program objectives.

Agency Contact: _____

Approved By: _____

**Deputy Administrator/
Program Director**

Telephone Number: _____

Agency Head

Subcabinet Office