



PROJECT INFORMATION

Date	Using Agency	Existing CAP project? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAP project number (if applies)
Project location address		Type of vendor requested	IDIQ or on-call (if known) <input type="checkbox"/> IDIQ <input type="checkbox"/> On-call
Project detailed description to help CAP determine best vendor (provide specific requirements or qualifications the vendor should possess)			

SUBMITTED BY

Name	Phone
Title	Email

CONTACT INFORMATION

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

REQUESTED VENDOR (OPTIONAL)

Vendor name	Contact name	Email
Vendor name	Contact name	Email
Vendor name	Contact name	Email

INSTRUCTIONS

1. If this is part of an existing CAP project, select "Yes" and provide the CAP project number (formatted as CAP-000### or CAP##-####.)
2. Submit the completed form or any questions using the catalog items under Capital Assets Management on [ServiceNow](#).

FOR CAP INTERNAL USE ONLY

Assigned vendor

Contact name	Contact email	
Assigned project manager	Date NTP sent	CAP project number
Additional info		