

# REQUEST FOR NCC PROCUREMENT

## FORM INSTRUCTIONS

### General Instructions

General Information and Request Overview sections are to be completed by the Requester. Provide sufficient detail, as known. Items marked with an asterisk (\*) are to be filled in with information pertaining to the constraining lift, that is, what is the weight of and reach needed (where applicable) for the largest component to be lifted. The Work Induction section is for Navy Crane Center usage only. If the Requester requires more than one type of crane, submit a separate copy of this form only completing page 3. Contact the Director of Project Management at (757) 967-3810 for any questions on completing this form.

### Submittal Instructions

Submit completed form by email to the Director of Project Management:

Email: NFSH\_NCC\_PROJECT\_MANAGEMENT@NAVY.MIL

# REQUEST FOR NCC PROCUREMENT

## General Information

<u>General Summary</u>	<u>Project Point of Contact (POC)</u>
Date of Request Crane Need Date	Name Phone Alt Phone Email
<u>Supported Command (Receiving Crane)</u>	<u>Command Sponsor / Host Activity (if applicable)</u>
POC Name UIC Phone Email Alt POC Email (if applicable)	POC Name UIC Phone Email Alt POC Email (if applicable)
<u>Funding Activity</u>	<u>Funding Information</u>
POC Name UIC Phone Email Alt POC Email (if applicable)	Anticipated Funding Date Funding Type Appropriation Year
	<u>Security Information</u>
	POC Name Phone Email SMO Code
<u>Crane Delivery Information</u>	
Delivery POC Name Street Address Telephone Email	

# REQUEST FOR NCC PROCUREMENT

## Request Overview

### EQUIPMENT DETAILS

<u>Equipment Synopsis</u>			<u>Infrastructure</u>		
Crane Type			Supporting Infrastructure	Existing (SAT)	New
Bridge (OET)	Monorail	Jib		Repairs Needed	Unknown
Portal	Rubber Tire Gantry	Hoist	Building Name		
Other ( <i>Specify</i> )			Building Number		
Number Of Identical Cranes	Capacity (lbs)*	Span/Radius (ft)*	MILCON Number (if applicable)		
Service Type	GPS	SPS	Crane Power Source	Last Runway Rail Survey	
Special Requirements (if applicable)			Electrical AC	yr.	
			Electrical DC		
			Other ( <i>Specify</i> )		
Additional Information			Additional Information		

### STATEMENT OF WORK

Description of Services Requested and Schedule Needs

Additional Considerations

**NCC Work Induction Board (WIB)**

WIB Date	Contract Award Date
NCC Criticality Category	Est Delivery Date
Project Priority Rating	Contract End Date
Contract Vehicle/Type	
Sources Sought Req?	Yes                  No

Proposed Project Manager

Proposed Lead Engineer/Design Manager

Proposed Contract Specialist

Notes