REQUEST FOR INFORMATION PROCESSING OR DATA COMMUNICATIONS AND NETWORKING SUPPORT

(SEE INSTRUCTIONS ON REVERSE)

SECTION I - REQUESTER INFORMATION

1. DESCRIPTIVE TITLE	2. REQUESTER REFERENCE NUMBER	
3. REQUESTING ORGANIZATION *(Service/staff Office)*	4. CORRESPONDENCE SYMBOL	5. ADP USER CODE OR GSA APPROPRIATION NO.
6a. PERSON TO CONTACT FOR LIAISION *(Name)*	6b. BUILDING AND ROOM NO.	6c. TELEPHONE CODE AND EXTENSION

7. REQUESTER *(Signature and date)*	8. EFFECTIVE DATE	9. SERVICE/STAFF OFFICE APPROVAL *(Signature and date)*

10. TYPE OF SUPPORT REQUESTED:

☐ NEW RECURRING SUPPORT ☐ ONE-TIME SPECIAL ☐ MODIFICATION TO EXISTING SYSTEM ☐ OTHER *(Specify)* _____

11. PRIVACY ACT OF 1974, 88 STAT. 1895 U.S.C. 552a.

THE SERVICES REQUESTED:

☐ DO NOT INCLUDE PROCESSING OF A SYSTEM OF RECORDS;

☐ INCLUDE PROCESSING OF A SYSTEM OF RECORDS. PROPER NOTIFICATION OF THE EXISTENCE OF THE SYSTEM WAS PUBLISHED IN THE FEDERAL REGISTER AS REQUIRED ON _____ (Give date of publication); OR

☐ INCLUDE PROCESSING OF A NEW SYSTEM OF RECORDS. PROPER NOTIFICATION OF THE EXISTENCE OF THE SYSTEM WILL BE PUBLISHED IN THE FEDERAL REGISTER AS REQUIRED NOT LATER THAN 30 DAYS PRIOR TO IMPLEMENTATION.

12. DESCRIPTION AND PURPOSE OF SUPPORT

13. PLAN ACTIVITY NUMBER	14. GSA FORM 3537 ATTACHED: ☐ YES ☐ NO

15. COST STUDY REQUIRED BEFORE INITIAIION:

☐ YES ☐ NO

SECTION II - SUPPORT OFFICE INFORMATION

1. CONTROL NUMBER	2. TARGET DATE	3. SUPPORT OFFICE

4. ESTIMATED COST	5. REVIEWED BY SUPPORT OFFICE DIRECTOR *(Signature and date)*
DEVELOPMENT $ _____	
RECURRING $ _____	

1. Instructions for completing Section I, GSA Form 917.

a. Block 1 - Descriptive Title. Indicate the type of project and/or the system affected. The title must not exceed 125 characters.

b. Block 2 - Requester Reference Number. The number must have the following format: two position correspondence symbol-three digit 917 number-two digit fiscal year. For example, the first request from the Office of the Associate Administrator for Administration for FY 85 would have number AA-001-85.

c. Block 3 - Requesting Organization. Type in the full title of the requesting office.

d. Block 4 - Correspondence Symbol. This item is self-explanatory.

e. Block 5 - ADP User Code or GSA Appropriation No. When the requested support requires automated information acquisition, the appropriation/fund must be provided.

f. Block 6 - Person to Contact for Liaison, Building and Room Number, and Telephone Number. Give the name, location, and telephone number of the person who can make technical decisions related to the request.

g. Block 7 - Requester (Signature and date). This block is signed and dated by the person who has the authority to request information processing or data communications and networking support.

h. Block 8 - Effective Date. When a date is specified, a statement must be made in block 12 explaining what will happen if the date is not met.

i. Block 9 - Service/Staff Office Approval (signature and date). Requests for Information Processing or Data Communications and Networking Support must be approved by the Heads of Services and Staff Offices, Regional Administrators, and their designated representatives.

j. Block 10 - Type of Support Requested. Check the appropriate box.

k. Block 11 - Privacy Act of 1974, 88 Stat. 1895, 5 U.S.C. 552a. This item is self-explanatory. For definitions and procedures, see GSA Order ADM 7900.4, GSA regulations implementing the Privacy Act of 1974.

l. Block 12 - Description and Purpose of Support. Use the outline below. Attach additional sheets, if necessary.

(1) Background. Describe the associated system, if any, and what has given rise to the requirement.

(2) Purpose. State goals of the request.

(3) Action required. Describe the actions needed to satisfy the requirement.

(4) Schedule. When block 8 is completed, a statement must be provided to explain the effect of failing to meet the requested date.

(5) Security classification. If there are national security or other security requirements, they should be included here.

(6) Cost statement. The requesting office may ask for a periodic estimate of accumulated project costs. Specify the intervals at which cost figures are required.

m. Block 13 - Plan activity number. Cite the activity number from the GSA 5-Year Strategic Plan for Automated Information (Plan) that corresponds to the requested services. If the requested support is not included in the Plan, it must be modified before the support can be provided.

n. Block 14 - GSA Form 3537 attached. Check the appropriate box. A completed GSA Form 3537 must be attached when requesting information processing or data communications and networking support or action cannot be taken.

o. Block 15 - Cost Study Required Before Initiation. Check "Yes" to receive a statement of the costs required to supply the support. If "Yes" is checked, support is not provided until the estimated cost is approved by the requesting office.

2. Instructions for Section II, GSA Form 917. The requester should not use this section.