



A. Originating Agency

1. Purchasing Office Name: Street Address: City: State: Zip: Phone Number:		2. Date of Purchase Request:	
		3. Estimated Dollar Value This FY: _____ Total Contract Value: _____	4. Period of Performance (Include Option Years):
5. Description of Product or Service:		6. Recommended Method of Procurement (Select a method from block 11 below):	
7. Signature of Small Business Specialist:		Date:	

B. Contracting Office

8. Solicitation Number:	9. Estimated Date of Release:	10. Estimated Date of Response/Opening:
11. Check all applicable boxes: Proposed Method of Procurement <input type="checkbox"/> GSA - Multiple Award Schedule order <input type="checkbox"/> Multi-agency contract order <input type="checkbox"/> Govt-wide acquisition contract order <input type="checkbox"/> Open Market Buy - Select <i>one</i> of the following: <input type="checkbox"/> 8(a)/HUBZone sole source (I.D. Proposed Contractor) <input type="checkbox"/> HUBZone sole source <input type="checkbox"/> 8(a) sole source <input type="checkbox"/> HUBZone competition <input type="checkbox"/> 8(a) competition <input type="checkbox"/> 100% Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Unrestricted - Insufficient Small Business (attach justification, proposed subcontracting amounts and evaluation preference for SDB's)	12. NAICS Code and Small Business Size Standard:	
	13. Proposed Synopsis: <input type="checkbox"/> Yes <input type="checkbox"/> No. Per FAR 5.202 <input type="checkbox"/> FEDBIZOPPS <input type="checkbox"/> Other _____	
15. Is this a bundled procurement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - attach supporting documentation/justification)		

Procurement History

16. Has Exact Item/Service Been Previously Awarded? <input type="checkbox"/> Yes (Complete the rest of the section) <input type="checkbox"/> No	17. Period of Performance:	18. Contract Number:
20. Name, Address and business type of Contractor _____ _____ _____ _____ _____ _____ <input type="checkbox"/> HUBZone <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <input type="checkbox"/> WOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SB <input type="checkbox"/> LB	19. SIC/NAICS Code and Small Business Size Standard:	
	21. Total Value:	22. Method of Procurement:
23. No. of Responses Received <input type="checkbox"/> 8(a) <input type="checkbox"/> Veteran-Owned Small Business (VOSB) <input type="checkbox"/> HUBZone <input type="checkbox"/> Small Business (SM) <input type="checkbox"/> Small Disadvantaged Business (SDB) <input type="checkbox"/> Large Business (LB) <input type="checkbox"/> Woman-Owned Small Business (WOSB) <input type="checkbox"/> Service Disabled Veterans-Owned Small Business (SDVOSB)		

24. Signature of Contracting Officer:	Date:
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C. Office of Small Business Programs - OSDDBU/Small Business Administration Procurement Center Representative

25. <input type="checkbox"/> I concur with the recommendations. <input type="checkbox"/> I recommend soliciting additional sources including those on the attached list. <input type="checkbox"/> I do not concur with the recommendations and request suspension of the procurement action pending an appeal under FAR 19.505.S B A Form 70 is attached.	
26. Signature of OSDDBU/SBA Procurement Center Representative:	Date: