

SMALL BUSINESS SET-ASIDE REVIEW

<p>1. PROCURING OFFICE</p> <p>Contracting Office: _____</p> <p>Contract Specialist: _____</p> <p>Telephone Number: _____</p> <p>Building/Room Number: _____</p>	<p>2. REQUESTING OFFICE</p> <p>Program Office: _____</p> <p>Requisitioner: _____</p> <p>Telephone Number: _____</p> <p>Requisition Number: _____</p>
<p>3a. DESCRIPTION/TITLE</p> <p><input type="checkbox"/> New <input type="checkbox"/> Recompete <input type="checkbox"/> Contract Modification</p>	<p>4. ESTIMATED ACQUISITION SCHEDULE</p> <p>Proposed Synopsis Date: _____</p> <p>Contract Award Date: _____</p> <p>Period of Performance: _____</p>
<p>3b. Estimated Total Contract Value: \$ _____</p>	<p>6. PROPOSED SOURCES (Indicate number of sources considered for each category. Attach a list of the sources.)</p> <p>_____ Small Business _____ HUBZone SB</p> <p>_____ Women-Owned SB _____ 8(a)</p> <p>_____ SDB _____ VOSB</p> <p>_____ SDVOSB _____ Other (Specify: _____)</p>
<p>3c. Subcontracting Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3d. Consolidated Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3e. Non-Manufacturer Rule Waiver Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>5. SMALL BUSINESS SIZE STANDARD</p> <p>NAICS Code: _____ Number of Employees: _____</p> <p>Dollar Amount: \$ _____</p>	
<p>7. RECOMMENDED ACTION (<i>select only one</i>)</p> <p><input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> HUBZone Set-Aside <input type="checkbox"/> SBA 8(a) Program <input type="checkbox"/> GSA (or other Agency Contract)</p> <p><input type="checkbox"/> Large Business with Subcontracting Goals <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Set-Aside Not Recommended (Attach Justification)</p>	
<p>8. CONTRACT SPECIALIST/OFFICER: _____ (Signature & Date)</p>	
<p>9. REVIEW BY BUREAU SMALL BUSINESS SPECIALIST: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments</p> <p>_____ (Signature & Date)</p>	
<p>10. REVIEW BY OSDBU: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments</p> <p>_____ (Signature & Date)</p>	
<p>11. REVIEW BY SMALL BUSINESS ADMINISTRATION: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments (Attach Form 70)</p> <p>_____ SBA PCR (Signature & Date)</p>	
<p>12. CONTRACT AWARD INFORMATION</p> <p>Contractor Name & Address: _____</p> <p>Contract Number: _____ Contract Amount: \$ _____</p> <p><input type="checkbox"/> SB Set-Aside <input type="checkbox"/> HUBZone <input type="checkbox"/> GSA (or Agency Contract) <input type="checkbox"/> SBA 8(a) Program <input type="checkbox"/> Other (Specify: _____)</p> <p>_____ CONTRACTING OFFICER (Signature & Date)</p>	