

DOT PROCUREMENT FORECAST FORM

Part I. *Italicized* items must be completed prior to submitting to S-40/DOT OSDBU please print clearly

1. Procurement Category Choose the most appropriate category below to describe the procurement (check one):

- | | |
|---|---|
| <input type="checkbox"/> A1 A&E Services | <input type="checkbox"/> M2 Manufacturing |
| <input type="checkbox"/> B1 Business Services | <input type="checkbox"/> M3 Misc. Durable Goods |
| <input type="checkbox"/> C1 Commercial Equipment | <input type="checkbox"/> M4 Motor Vehicle Supplies |
| <input type="checkbox"/> C2 Computer Related Services | <input type="checkbox"/> O1 Office Equipment |
| <input type="checkbox"/> C3 Computer and Peripherals | <input type="checkbox"/> O2 Office Furniture |
| <input type="checkbox"/> C4 Construction | <input type="checkbox"/> O3 Office Supplies |
| <input type="checkbox"/> C5 Construction Materials | <input type="checkbox"/> P1 Professional Equipment |
| <input type="checkbox"/> E1 Education Services | <input type="checkbox"/> R1 Recreational Services |
| <input type="checkbox"/> E2 Engineering Services | <input type="checkbox"/> R2 Repair Services |
| <input type="checkbox"/> E3 Environmental Services | <input type="checkbox"/> S1 Services (not listed) |
| <input type="checkbox"/> H1 Health Services | <input type="checkbox"/> S2 Supplies (not listed) |
| <input type="checkbox"/> I1 Industrial Services | <input type="checkbox"/> T1 Transportation Services |
| <input type="checkbox"/> I2 Industrial Supplies | <input type="checkbox"/> T2 Transportation Supplies |
| <input type="checkbox"/> L1 Legal Services | <input type="checkbox"/> V1 Vessel Building/Repair |
| <input type="checkbox"/> M1 Management Services | |

2. Operating Administration:

3. Sequence #:

4. North American Industry Classification System (NAICS) (Optional):

5. Contract Information Systems (CIS) Procurement Office Number. 2 digit number:

6. Point of Contact (POC) Name:

7. POC Telephone #: ()

8. POC E-mail. (Optional):

9. Description Clearly describe the item to be procured, the nature of the program involved (if applicable), and the quantity(s) to be procured:

10. Comments Include additional information of interest to potential sources beyond what we provided elsewhere on the form e.g., the name of the incumbent contractor, the cut-off date for receipt of capability statements from 8(a) firms, etc.:

11. Estimated Dollar Range Select the dollar range of the total action including the value of any options:

- A Over \$100,000 to \$500,000
 B Over \$500,000 to \$3 million
 C Over \$3 million to \$5 million
 D Over \$5 million to \$10 million
 E Over \$10 million

12. Estimated Solicitation Release Date Quarter and Fiscal Year:

- 1 1st Qtr FY _____
 2 2nd Qtr FY _____
 3 3rd Qtr FY _____
 4 4th Qtr FY _____

13. Is the requirement for a commercial item buy in accordance with FAR Part 12? (Optional):

- Y Yes N No

14. Acquisition Strategy Select the appropriate acquisition strategy (check one):

- 8aC 8(a) Competitive
 8aNC 8(a) Non-Competitive
 SBSA Small Business Set-Aside
 SS Sole Source
 FO Full and Open
 HSBSA HUBZONE SBSA

15. Is this a follow-on to a current 8(a) contract? (Optional)

- Y Yes N No

Part II. FOR OPERATING ADMINISTRATION USE ONLY:

Originating Office _____ POC _____ Phone _____ Date _____

Authorized by _____ Date _____ Update New

Notes: _____

INSTRUCTIONS FOR COMPLETING DOT PROCUREMENT FORECAST FORM

NOTE: All entries are mandatory unless otherwise stated. Mandatory elements must be completed prior to submitting to S-40. Operating Administrations (OA) procedures may also apply.

- (1) **Procurement Category.** From the selections provided, please choose the most appropriate category to describe the procurement.
- (2) **Operating Administration.** Insert the abbreviation of the OA submitting the form.
- (3) **Sequence Number.** List actions numerically and in sequence for each office within the OA component (e.g., 01, 02 ...). A maximum of 10 alpha/numeric digits are allowed, including dashes.
- (4) **North American Industrial Classification (NAICS) Code.** This block is optional..
- (5) **Contract Information System (CIS) Procurement Office Number.** Enter the two digit CIS number assigned to the cognizant procurement office.
- (6) **Point of Contact Name.** The point of contact will be listed on the DOT Procurement Forecast for this requirement and can anticipate receiving telephone calls from both small and large businesses inquiring about the requirement. The point of contact can be the small business specialist, contracting officer, or technical person responsible for the procurement.
- (7) **Point of Contact Telephone Number.** Enter the telephone number for the point of contact.
- (8) **Point of Contact E-Mail.** This block is optional.
- (9) **Description.** Clearly describe the item to be procured, the nature of the program involved (if applicable), and the quantity(s) to be procured. For example, an item description such as "Technical Support Services" is not sufficient since it does not describe the nature of the program or adequately describe the services. A more accurate description is "Technical Support Services to study the infrared capabilities of the AN/SLQ-30 detection systems."
- (10) **Comments.** This block is optional. Include additional information of interest to potential sources beyond what is provided in the description or elsewhere on the form (e.g., the name of the incumbent contractor, the cutoff date for receipt of capability statements from 8(a) firms, etc.).
- (11) **Estimated Dollar Range.** Select the appropriate dollar range of the total action including the value of any options. For indefinite delivery type contract, select the dollar range of the total estimated contract value (including options).
- (12) **Estimated Solicitation Release Date.** Enter the QTR (i.e., 1st , 2nd , 3rd, or 4th) of the Fiscal Year in which the solicitation is expected to be released.
- (13) **Planned as Commercial Item Buy?** This block is optional. Indicate by answering Yes (Y) only if the requirement is for a commercial item buy in accordance with FAR Part 12. Otherwise, indicate No (N).
- (14) **Acquisition Strategy.** Select the appropriate acquisition strategy.
- (15) **Is this a follow-on to an 8(a) Contract?** This block is optional. If the existing contract is being performed under the 8(a) Program please indicate in the comments section the name of the incumbent contractor.

For Operating Administration Use Only. Please see the internal OA guidance for this item. This section is for internal OA controls and will not be part of the printed forecast.