

**U.S. Department of Transportation  
Small Business Program Review Form**

Date: \_\_\_\_\_

**Part I PROGRAM OFFICE**

1. Office Routing Symbol _____	2. Requestor's Name: _____	3. Phone No.: _____	4. Procurement Request Number: _____	5. Estimated Dollar Value: \$ _____
6. Description of the Acquisition (state if previously set-aside)				
7. Please Check as appropriate:	New Requirement (Go to Part III)		8. Recommended method of procurement (Select one from Part III) _____	
	Bundled Acquisition (if checked, complete Parts III and IV) See Instructions for definition			

<b>Part II ACQUISITION HISTORY</b> If previously awarded, check all that apply	<b>Part III CO/SBS RECOMMENDATION</b> Check all that apply
Small Business	Small Business Set-Aside
Small Disadvantaged Business	SBA 8(a) Set-aside
8(a) Business	HUBZone Set-Aside
Woman Owned Business	Very Small Business Set-Aside
Service Disabled Veteran Owned Business	Task Order/Delivery Order **
Veteran Owned Business	GSA/FSS Order
HUBZone Business	Woman Owned Business
GSA/FSS Order	Service Disabled Veteran Owned Business
Large Business	Large Business with Subcontracting Goals
Sole Source	Bundled Acquisition (complete Part IV)
Task Order/Delivery Order	Sole Source
9. Contract No.: _____	
Contractor Name: _____	
Program Official's Signature: _____	
Date: _____	
10. Small Business Size Standard: NAICS Code _____ (See 13CFR121) Employees _____ OR Dollars _____	
Other (Specify)	

**Part IV BUNDLED ACQUISITIONS**  
(Not required for Acquisitions Entirely Reserved or Set-Aside for Small Businesses)

<input type="checkbox"/> Under \$2M (justify see TAM 1207.103)	
<input type="checkbox"/> Over \$2M (justify see TAM 1207.103)	

**Part V SB PROGRAM RECOMMENDATION - CONCURRENCE/APPROVALS**

Concur	Non-Concur		
		11. Contracting Officer's Recommendation Signature: _____ Date: : _____	Attach justification if non-set-aside/bundled acquisition. Attach justification if non-concur.
		12. Small Business Specialist (SBS) Signature: _____ Date: : _____	<input type="checkbox"/> <b>Small Business Set-Aside</b> (if checked and SBS concurs, this constitutes approval and no further coordination required)
		13. SBA Procurement Center Representative (PCR) Signature: _____ Date: : _____	Attach justification if non-concur.
<b>Approve</b>	<b>Disapprove</b>	14. Director OSDDBU Signature: _____ Date: : _____	Attach justification if disapproved