



Treasury High Impact Acquisition Coordination Form

Form rev. 10/19/2011



**Section I: Administrative Information**

2. Bureau (Contracting)

3. Bureau (Funding)

4. Contract Phase

5. Project Title

6. Type of Contract

7. HIA Category

8. Potential Contract Value

9. Description

1. Report Date

**10. Contracting Officer Information**

10a. Name

10b. Certification

10c. Email

10d. Phone

**Section II: Acquisition Planning Information**

11. Requisition Number

12. Solicitation Number

13. Prior Contract Number(s) (if applicable)

14. Acquisition Method

15. Competition Strategy

16. Small Business Strategy

**17. Acquisition Milestones**

17a. Customer Need Date

17b. Acquisition Pkg Forecast

17c. Acquisition Pkg Received

17d. Forecast Award Date

18. Acquisition is on track to meet the next milestone

19. Comments

**Section III: Contract Information**

20. Contract Number

22. Contract Award Date

24. Obligated Value

21. Order Number

23. Performance end date

25. Socioeconomic category

**26. Contracting Officer Technical Representative (COTR) Information**

26a. Name

26b. Certification

26c. Email

26d. Phone

**27. Contract Performance Information**

27a. Quality

27b. Schedule

27c. Cost

27d. Business Relations

27e. Key Personnel Management

28. Comments

29a. Certified By

29b. Date

## Instructions for Completion of HIA Coordination Form

**Reference:** DTAP 1019.502(c)

**Submission instructions:** Send completed electronic copy of this form to [HIA@treasuryecm.gov](mailto:HIA@treasuryecm.gov)

### Section I. Administrative Information

- Box 1 Enter the date of the HIA Report
- Box 2 Select the Bureau awarding/administering the contract for which the action is requested/awarded
- Box 3 Select the Bureau requesting the contract action
- Box 4 Select the Phase of the acquisition
- Box 5 Enter a short title for the acquisition, project or contract
- Box 6 Select the type of contract. For multiple contract types, select the predominant type.
- Box 7 Select the applicable HIA Category
- Box 8 Enter potential value of the contract, agreement, or order inclusive of all options
- Box 9 Enter a brief description of the acquisition or contract action
- Box 10 Enter the name, certification level, email address, and phone number of the cognizant Contracting Officer

### Section II. Acquisition Planning Information

- Box 11 Enter the numerical designator of the requisition or purchase request
- Box 12 Enter the numerical designator of the solicitation
- Box 13 Enter any prior contracts under which the products were delivered or services performed
- Box 14 Select the FAR procedures to be used to award the contract action [e.g. FAR Part 8 FSS Order or BPA (FAR Part 8 ), Negotiated Procurement (FAR Part 15), Order under an IDIQ contract (FAR Part 16.5), Construction or A&E (FAR Part 36), Modification (FAR Part 43)]
- Box 15 Select the competition strategy to be employed
- Box 16 Select the Small Business strategy to be employed
- Box 17 List the forecast and actual acquisition milestones planned/achieved
- Box 18 Check if the acquisition is on track to meet the next upcoming milestone
- Box 19 Enter status and comments related to acquisition planning for this acquisition

### Section III. Contract Information

- Box 20 Enter the numerical designator for the contract
- Box 21 Enter the number of the task or delivery order or call (if applicable)
- Box 22 Select the date the contract was awarded
- Box 23 Select the performance end date of the contract, agreement, order/call, including any unexercised options
- Box 24 Enter the cumulative obligated value of the contract as of the report date
- Box 25 Select the applicable socioeconomic category for the contractor
- Box 26 Enter the name, certification level, email address, and phone number of the Contracting Officer Technical Representative (COTR)
- Box 27 Select the current performance rating for the contractor (Quality, Schedule, cost, Business relations, and Key Personnel Management)
- Box 28 Enter any comments describing status or contractor performance
- Box 29 Enter the name of the individual certifying the accuracy of the information and the date of the certification