

SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL DD-AT&L(AR)1862
1. CONTROL NO. <i>(Optional)</i>	2. PURCHASE REQUEST NO./ REQUISITION NO.	3. TOTAL ESTIMATED VALUE <i>(Including options)</i>	4. SOLICITATION NO./CONTRACT MODIFICATION NO.
5. BUYER			
a. NAME <i>(Last, First, Middle Initial)</i>		b. OFFICE SYMBOL	c. TELEPHONE <i>(Include Area Code)</i>
6. ITEM DESCRIPTION <i>(Including quantity)</i>			6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE
7. TYPE OF COORDINATION <i>(X one)</i>		8. SMALL BUSINESS SIZE STANDARD	
<input type="checkbox"/> INITIAL CONTACT	<input type="checkbox"/> WITHDRAWAL	a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	b. NO. OF EMPLOYEES c. DOLLARS
9. RECOMMENDATION <i>(X as applicable)</i>		10. ACQUISITION HISTORY <i>(X one)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(If all recommendations are "No," explain in Remarks.)</i>	a. FIRST TIME BUY	
a. SECTION 8(a) <i>(X one)</i>		b. PREVIOUS ACQUISITION <i>(X all that apply)</i>	
<input type="checkbox"/>	<input type="checkbox"/> (1) COMPETITIVE <input type="checkbox"/> (2) SOLE SOURCE	<input type="checkbox"/>	(1) SECTION 8(a)
<input type="checkbox"/>	b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE	<input type="checkbox"/>	(2) SDB SET-ASIDE
<input type="checkbox"/>	c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE <i>(List percentage)</i> %	<input type="checkbox"/>	(3) HBCU/MI SET-ASIDE
<input type="checkbox"/>	d. SMALL BUSINESS (SB) SET-ASIDE <i>(List percentage)</i> %	<input type="checkbox"/>	(4) SB SET-ASIDE
<input type="checkbox"/>	e. EMERGING SMALL BUSINESS SET-ASIDE	<input type="checkbox"/>	(5) OTHER <i>(Specify)</i>
<input type="checkbox"/>	f. EVALUATION PREFERENCE FOR SDBs	<input type="checkbox"/>	(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
<input type="checkbox"/>	g. HUBZONE SET-ASIDE	<input type="checkbox"/>	(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
<input type="checkbox"/>	h. HUBZONE SOLE SOURCE	<input type="checkbox"/>	(8) WOMAN OWNED SB
<input type="checkbox"/>	i. HUBZONE PRICE EVALUATION PREFERENCE	<input type="checkbox"/>	(9) SERVICE-DISABLED VETERAN SB
11. SB PROGRESS PAYMENTS <i>(X one)</i>		12. SUBCONTRACTING PLAN REQUIRED <i>(X one)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13. SYNOPSIS REQUIRED <i>(X one)</i> <i>(If "No," cite FAR 5.202 exception)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. REMARKS			
15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE		16. LOCAL USE	
a. NAME <i>(Last, First, Middle Initial)</i>			
b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>		
17. CONTRACTING OFFICER <i>(X one)</i>		18. SMALL BUSINESS SPECIALIST <i>(X one)</i>	
<input type="checkbox"/> CONCURS <input type="checkbox"/> REJECTS	<input type="checkbox"/> CONCURS <input type="checkbox"/> APPEALS	NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.	
a. RECOMMENDATIONS <i>(Document rejections on reverse side)</i>		a. NAME <i>(Last, First, Middle Initial)</i>	
b. NAME <i>(Last, First, Middle Initial)</i>		b. SIGNATURE	
c. SIGNATURE		d. DATE SIGNED <i>(YYYYMMDD)</i>	c. DATE SIGNED <i>(YYYYMMDD)</i>