

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>5. SMALL BUSINESS SIZE STANDARD</p> <p>NAICS Code: _____ Number of Employees: _____</p> <p>Dollar Amount: \$ _____</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>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>	

Instructions for Completing Form CD-570

This form is required to be completed by the contract specialist and/or contracting officer (block numbers 1 through 8), and approved by the bureau small business specialist, and if applicable, the OSDBU official and SBA Procurement Center Representative (PCR). The CD-570 is required for:

- Procurement actions including contracts, task orders, and delivery orders for supplies and services valued above \$100,000 (Subpart 19.502-2);
- At the discretion of the bureau small business specialist, full and open procurements valued under \$100,000;
- Modifications to existing contracts that add new work valued over \$500,000 or that increase the total contract cost to over \$500,000;
- Consolidation of two or more procurement requirements for goods and services;

The CD-570 is **not** required for:

- Purchases of less than \$2,500.
- Purchases from required sources of supply under FAR Part 8, except for orders under FSS and GWAC valued above \$100,000.
- Modifications to existing contracts extending performance time, decreasing funds, or administrative changes.

Block 1. PROCURING OFFICE

Enter the contact information of the procuring office submitting this form.

Block 2. REQUESTING OFFICE

Enter contact information of the program office. Enter the requisition number from block A on the CD-435 Procurement Request form.

Block 3a. DESCRIPTION/TITLE

Enter brief description of the required product or service or project title. Attach statement of work. Check appropriate box to indicate if requirement is new, recompile, or contract modification.

Block 3b. ESTIMATED TOTAL CONTRACT VALUE

Enter the value of the independent government cost estimate based on the contract life of the requirement.

Block 3c. SUBCONTRACTING PLAN REQUIRED

Check appropriate box to indicate if subcontracting plan is required. (A subcontracting plan is required for negotiated and sealed bidding acquisitions expected to exceed \$500,000 for goods or services, or \$1,000,000 for construction, and that have subcontracting possibilities (Subpart 19.702)).

Block 3d. CONSOLIDATED REQUIREMENT (*Also known as contract bundling*)

If "yes," attach justification, along with results of market research, to demonstrate measurably substantial benefits for consolidating two or more procurement requirements for goods or services (Subpart 7.107).

Block 3e. NON-MANUFACTURER RULE WAIVER

Check appropriate box to indicate if the Small Business Manufacturer Rule is applicable (Subpart 19.502-2(c)).

Block 4. ESTIMATED ACQUISITION SCHEDULE

Enter approximate dates for acquisition schedule.

Block 5. SMALL BUSINESS SIZE STANDARD

Enter appropriate information to specify the applicable small business size standard.

Block 6. PROPOSED SOURCES

Enter results of market research by selecting the type and quantity of businesses solicited. Attach list of potential sources, including name, address, and phone number. (Examples of "other" types of sources include Federal Prison Industries, Inc. and Javits-Wagner-O'Day Act participating non-profit agencies for the blind or severely disabled).

Block 7. RECOMMENDED ACTION

Check appropriate box to indicate proposed acquisition methodology (see Subparts 19.5 and 19.13). If a set-aside is not recommended, a justification statement must be attached to form.

Block 8. CONTRACT SPECIALIST/OFFICER

Contracting official indicates approval of recommended action.

Block 9. REVIEW BY BUREAU SMALL BUSINESS SPECIALIST

Bureau small business specialist indicates approval of recommended action. The CD-570 must be submitted to OSDBU within 3 working days after the bureau SB specialist's signature.

Block 10. REVIEW BY OSDBU

OSDBU official indicates approval of recommended action. CD-570 **must** be approved by OSDBU prior to release of the solicitation. OSDBU recommendation will be made to the contracting official identified in block 8 within 2 working days after receipt of the package unless the package requires review by SBA.

Block 11. REVIEW BY SMALL BUSINESS ADMINISTRATION

SBA PCR indicates approval of recommended action. FAR 19.202-1(e)(1) requires that certain proposed acquisition packages be provided to the SBA PCR at least 30 days prior to solicitation release, therefore, the contracting official should plan accordingly.

Block 12. CONTRACT AWARD INFORMATION

The contracting officer must enter the appropriate contract award information and distribute copies to the bureau SB specialist, OSDBU official, and SBA PCR.

If the contracting officer rejects the SBA PCR's recommendation, made in accordance with 19.402(c)(2), the contracting officer shall document the basis for the rejection and notify the SBA PCR in accordance with Subpart 19.505.

Acronym Description

- SB = Small Business
- WOSB = Woman Owned Small Business
- VOSB = Veteran Owned Small Business
- SDVOSB = Service Disabled Veteran Owned Small Business
- 8(a) = SBA Business Development Program for Socially and Economically Disadvantaged Individuals
- SDB = Small Disadvantaged Business
- HUBZone = Historically Underutilized Business Zone