

USDA Small Business Program – Procurement Request Review AD-1205

Procurement Request Number:		Date submitted to OSDBU:	
Description of Product or Service:			
Contract History <input type="checkbox"/> New <input type="checkbox"/> Recompete <input type="checkbox"/> Contract Modification		Bundled Requirement (over \$2 million) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Dollar Value: Base Period \$ _____ Total Estimated Value, including options \$ _____	Period of Performance: Base Period: From _____ To _____ Option Periods: From _____ To _____	Acquisition Schedule: Synopsis Date: _____ Sources Sought Date: _____ Presolicitation Date: _____ Solicitation Date (est.): _____ Contract Award Date (est.): _____	
Contracting Office: _____ Contracting Specialist: _____ Telephone Number: _____ Email Address: _____ Mailing Address: _____	Program Office: _____ Program Manager: _____ Telephone Number: _____ Email Address: _____ Mailing Address: _____	NAICS Code: Size Standard: Dollars: _____ or No. of Employees _____	
Proposed Acquisition Method: YES NO <input type="checkbox"/> <input type="checkbox"/> Full & Open <input type="checkbox"/> <input type="checkbox"/> Circumstances Permitting Other Than Full and Open Competition (FAR 6.302-2 thru 6.302-7) <input type="checkbox"/> <input type="checkbox"/> Delivery/Task Order over \$100,000 placed against a mandatory agency contract <input type="checkbox"/> <input type="checkbox"/> GSA or Other Agency Contract (over \$1 million) – (Federal Supply Schedule or Multiple Award Schedule) – Notification only; No approval required -- <input type="checkbox"/> <input type="checkbox"/> Total Small Business Set-Aside <input type="checkbox"/> <input type="checkbox"/> Partial Small Business Set-Aside _____ % <input type="checkbox"/> <input type="checkbox"/> 8 (a) Program Set-Aside or Sole Source <input type="checkbox"/> <input type="checkbox"/> HUBZone Set-Aside or Sole Source <input type="checkbox"/> <input type="checkbox"/> Service Disabled Veteran– Owned Set-Aside or Sole Source <input type="checkbox"/> <input type="checkbox"/> Small Business Competitiveness Demonstration Program <input type="checkbox"/> <input type="checkbox"/> Federal Prison Industries (UNICOR) or AbilityOne Program (Javits-Wagner-O’Day Act)		Non-Restricted Determination (attach justification, background information, and market research (list of potential small business vendors)): None of the Following Actions initiated because: <input type="checkbox"/> Sole Source or Proprietary <input type="checkbox"/> Other (continue on separate sheet) Total Small Business Set -Aside not considered: <input type="checkbox"/> No reasonable expectation of offers from at least two responsible SB firms offering products of SB firms, and that awards will not be at reasonable prices; or <input type="checkbox"/> If R&D, no reasonable expectations of getting from SB the best sources consistent with (continue on separate sheet). Partial SB Set-Aside not considered: <input type="checkbox"/> Requirement not economically severable into lots <input type="checkbox"/> No SB firm has the technical competence or capacity <input type="checkbox"/> Other (continue on separate sheet) 8(a) award not considered: <input type="checkbox"/> No 8(a) firm with necessary skills or capacity <input type="checkbox"/> Other (continue on separate sheet) HUBZone award not considered: <input type="checkbox"/> No HUBZone firm with necessary skills or capacity <input type="checkbox"/> Other (continue on separate sheet) Service Disabled award not considered: <input type="checkbox"/> No Service Disabled firm with necessary skills or capacity <input type="checkbox"/> Other (continue on separate sheet)	
Clearance/Concurrence			
1. Agency HCA or Designee: <input type="checkbox"/> Concurs <input type="checkbox"/> Rejects Signature: _____ Date: _____		2. Director of OSDBU: <input type="checkbox"/> Concurs <input type="checkbox"/> Rejects (If rejected, forward to HCA and Contracting Officer.) Signature: _____ Date: _____	
3. SBA/PCR <input type="checkbox"/> Concurs <input type="checkbox"/> Rejects Signature: _____ Date: _____		4. Agency HCA or Designee: <input type="checkbox"/> Accepts Recommendation <input type="checkbox"/> Rejects Recommendation (If rejected, the Agency may not proceed with the solicitation until consultation with the Director of OSDBU.) Signature: _____ Date: _____	