

2953.103 Acquisition Screening and Review - over \$100,000 DL 1-2004.

The requiring organization must complete the following form for all acquisitions above the *simplified acquisition threshold*. This form will then be submitted through the contracting officer to the Office of Small Business Programs for review.

Acquisition Screening and Review - over \$100,000		U.S. Department of Labor	
A. Originating Agency			
1. Purchasing Office Name: Street Address: City: State: Zip: Phone Number:		2. Date of Purchase Request:	
3. Estimated Dollar Value This FY: _____ Total Contract Value: _____		4. Period of Performance (Include Option Years):	
5. Description of Product or Service:		6. Recommended Method of Procurement (Select a method from Block 11 below):	
7. Signature of Small Business Specialist:		Date:	
B. Contracting Office			
8. Solicitation Number:		9. Estimated Date of Release:	
10. Estimated Date of Response/Opening:		11. Check all applicable boxes: Proposed Method of Procurement <input type="checkbox"/> GSA - Multiple Award Schedule order <input type="checkbox"/> Multi-agency contract order <input type="checkbox"/> Govt-wide acquisition contract order <input type="checkbox"/> Open Market Buy - Select one of the following: <input type="checkbox"/> 8(a)/HUBZone sole source (I.D. Proposed Contractor) <input type="checkbox"/> HUBZone sole source <input type="checkbox"/> 8(a) sole source <input type="checkbox"/> HUBZone competition <input type="checkbox"/> 8(a) competition <input type="checkbox"/> 100% Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Unrestricted - Insufficient Small Business (attach justification, proposed subcontracting amounts and evaluation preference for SDB's)	
12. NAICS Code and Small Business Size Standard:		13. Proposed Synopsis: <input type="checkbox"/> Yes <input type="checkbox"/> No. Per FAR 5.202 <input type="checkbox"/> FEDBIZOPPS <input type="checkbox"/> Other _____	
14. Proposed Issuing Number of Solicitations to: No. _____ 8(a) _____ HUBZone _____ Small Disadvantaged Business (SDB) _____ Women-Owned Small Business (WOSB) _____ Service Disabled Veterans-Owned Small Business (SDVOSB) _____ Veteran-Owned Small Business (VOSB) _____ Small Business (SB) _____ Large Business (LB) _____		15. Is this a bundled procurement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - attach supporting documentation/justification)	
Procurement History			
16. Has Exact Item/Service Been Previously Awarded? <input type="checkbox"/> Yes (Complete the rest of the section) <input type="checkbox"/> No		17. Period of Performance:	
18. Contract Number:		19. SIC/NAICS Code and Small Business Size Standard:	
20. Name, Address and business type of Contractor _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> HUBZone <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <input type="checkbox"/> WOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SB <input type="checkbox"/> LB		21. Total Value:	
22. Method of Procurement:		23. No. of Responses Received 8(a) _____ HUBZone _____ Small Disadvantaged Business (SDB) _____ Woman-Owned Small Business (WOSB) _____ Service Disabled Veterans-Owned Small Business (SDVOSB) _____ Veteran-Owned Small Business (VOSB) _____ Small Business (SM) _____ Large Business (LB) _____	
24. Signature of Contracting Officer:		Date:	
C. Office of Small Business Programs - OSDBU/Small Business Administration Procurement Center Representative			
25. <input type="checkbox"/> I concur with the recommendations. <input type="checkbox"/> I recommend soliciting additional sources including those on the attached list. <input type="checkbox"/> I do not concur with the recommendations and request suspension of the procurement action pending an appeal under FAR 19.505.5 B A Form 70 is attached.			
26. Signature of OSDBU/SBA Procurement Center Representative:		Date:	

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Parent topic: [Subpart 2953.1 - General](#)