

**DEPARTMENT OF THE INTERIOR
ACQUISITION SCREENING AND REVIEW FORM**

A. ACQUISITION PLAN:									
1. Date Prepared:		2. Purchasing Office & Address:				3. Solicitation/Requisition Number:			
4. Description of Commodity or Service, & Quantity:					4a. Product & Service Codes:				
					4b. SIC Codes & Size Standards:				
5. Competitive:		6. Proposed Synopsis	(A) YES		7. Cost/Price (Estimate)	8. Solicitation Date (Estimate)	9. Response or Bid Opening Date (Estimate)		
Noncompetitive (Attach Justification Unless 8(a))			(B) NO						
10. Proposed Method of Acquisition: Check One Box (a) through (e)									
(a) Section 8(a) Program					CHECK EITHER (h) or (i)				
(b) Total Small Business Set-Aside					(h) Sealed Bidding				
(c) Partial Small Business Set-Aside					(i) Other Negotiated (41 USC 253(e))				
(d) NOT SET-ASIDE									
(e) Buy Indian									
11. Proposed Bidders/Source List									
(a) Number of Small Businesses					(d) Number of Min./Disadvantaged Business				
(b) Number of Large Businesses					(e) Number of Women-Owned Businesses				
(c) Number of Labor Surplus Area Concerns:									
Large					SBA PASS System Used:				
Small					YES		NO		
12. Basis for proposed Method of Acquisition:									
(a) Not Set-Aside for 8(a) because:					(c) Partial Small Business Set-Aside NOT Appropriate (See FAR 19.502-3)				
(b) Not Set-Aside for Small Business because:					(d) REMARKS:				
(1) Non-Competitive									
(2) Insufficient number of qualified Small Businesses									
(3) See Acquisition History Below									
(4) Other (Specify)									

This form was electronically produced by Elite Federal Forms, Inc.

CONTINUED ON THE REVERSE SIDE

B. PREVIOUS ACQUISITION HISTORY:					
13. HAS SIMILAR ITEM/SERVICE BEEN PROCURED RECENTLY?				YES:	
Enter Previous Purchase Order Number/Contract Number				NO:	
IF YES, indicate method of acquisition (USE CODES IN BLOCK 10 ABOVE) and place of performance:					
13a. Method of Acquisition:					
13b. Place of Performance:					
14. If competitive indicate number of responses received:					
Large	Small	LSA	Min./Disadvantaged	Women-Owned	
15. Date of Award	16. Contract Number	17. Total Cost/Price		18. Name of Contractor and Address:	
19. Type of Firm (Check all applicable):					
Small	Min/Disadv.	Large	Women-Owned	LSA	Other (Specify)
20. SIGNATURE AND DATE:					
Purchasing Agent/Contract Specialist (complete if different than the Contracting Officer)				Date	
Contracting Officer				Date	
Business Utilization & Development Specialist				Date	
SBA Representative				Date	