

SMALL BUSINESS COORDINATION RECORD
(See DFARS PGI 253.219-70 for form completion instructions.)

1. CONTROL NO. (Optional)	2. PURCHASE REQUEST/ REQUISITION NO.	3. TOTAL ESTIMATED VALUE (With options)	4a. PIID	b. IDV PIID (If applicable)	5. MOD/AMDMT NO.
6a. CONTRACTING OFFICER NAME (Last, First, Middle Initial)			b. DODAAC		c. OFFICE SYMBOL
d. E-MAIL ADDRESS			e. TELEPHONE NUMBER (Include Area Code)		
7a. ITEM AND/OR SERVICE DESCRIPTION					
b. PRODUCT OR SERVICE CODE		c. NAICS CODE		d. SIZE STANDARD	
8. PERIOD OF PERFORMANCE/ DELIVERY DATES (Including options)				9. PURPOSE OF COORDINATION (X one)	
				<input type="checkbox"/> Initial Coordination <input type="checkbox"/> Withdrawal <input type="checkbox"/> Change	
10. RECOMMENDATION (X all that apply)					
<input type="checkbox"/> a. SMALL BUSINESS SET-ASIDE (X one) <input type="checkbox"/> 100% <input type="checkbox"/> Partial _____%			<input type="checkbox"/> b. SECTION 8(a) (X one) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source		
<input type="checkbox"/> c. HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) SMALL BUSINESS (X one) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source			<input type="checkbox"/> d. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) (X one) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source		
<input type="checkbox"/> e. ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SET-ASIDE			<input type="checkbox"/> f. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER WOSB PROGRAM SET-ASIDE		
<input type="checkbox"/> g. OTHER SET-ASIDE (Cite authority, e.g., FAR 26.202-1 or 6.208; or DFARS 226.71) _____			<input type="checkbox"/> h. OTHER THAN FULL AND OPEN COMPETITION NOT PREVIOUSLY ADDRESSED		
<input type="checkbox"/> i. FULL AND OPEN COMPETITION (Complete block 13) <input type="checkbox"/> HUBZONE PRICE EVALUATION PREFERENCE (Ref. FAR 19.1307)			<input type="checkbox"/> j. MULTIPLE AWARD <input type="checkbox"/> Contract <input type="checkbox"/> Delivery/Task Order <input type="checkbox"/> Reserves (FAR 19.5) (List type(s) of small business, e.g., WOSB, SDVOSB) _____		
11a. MARKET RESEARCH/ACQUISITION PLAN					
b. SYNOPSIS REQUIRED (X one)				c. SMALL BUSINESS PROGRESS PAYMENTS (X one)	
<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide FAR 5.202 exception) _____ <small>(NOTE: Synopsis not required if <\$25,000; see FAR 5.101(a)(1).)</small>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. CONSOLIDATED OR BUNDLED (X as applicable)					
a. CONSOLIDATED REQUIREMENT (Attach required documentation per DFARS 207.170.)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
b. BUNDLED REQUIREMENT (Attach required documentation per FAR 7.107 including benefit analysis.)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
13. SUBCONTRACTING PLAN REQUIRED (X one)			<input type="checkbox"/> YES <input type="checkbox"/> NO		

14. ACQUISITION HISTORY

a. IS THIS A NEW REQUIREMENT? (X one)

 Yes (Proceed to Block 15) No (Continue to Blocks a(1) through (10), marking all that apply for the immediately preceding acquisition.) (1) SMALL BUSINESS SET-ASIDE (X one) 100% Partial _____% (2) SECTION 8(a) (X one) Competitive Sole Source (3) HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) SMALL BUSINESS (X one) Competitive Sole Source (4) SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) (X one) Competitive Sole Source (5) ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SET-ASIDE (6) WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER WOSB PROGRAM SET-ASIDE (7) OTHER SET-ASIDE (Cite authority, e.g., FAR 26.202-1 or 6.208; or DFARS 226.71) (8) OTHER THAN FULL AND OPEN COMPETITION NOT PREVIOUSLY ADDRESSED (9) FULL AND OPEN COMPETITION (Complete block 13) HUBZONE PRICE EVALUATION PREFERENCE (Ref. FAR 19.1307) (10) MULTIPLE AWARD Contract Delivery/Task Order Reserves (FAR 19.5) (List type(s) of small business, e.g., WOSB, SDVOSB)

b. PREVIOUSLY CONSOLIDATED OR BUNDLED? (X one)

(1) CONSOLIDATED YES NO (2) BUNDLED YES NO

c. DETAILS OF PREVIOUS AWARD(S) (List details requested in instructions. Attach additional page(s) if necessary.)

15. CONTRACTING OFFICER

a. NAME (Last, First, Middle Initial)

b. E-MAIL ADDRESS

c. SIGNATURE

d. DATE SIGNED (YYYYMMDD)

16. SMALL BUSINESS PROFESSIONAL/SMALL BUSINESS DIRECTOR REVIEW Concur Non-concur

a. NAME (Last, First, Middle Initial)

b. E-MAIL ADDRESS

c. SMALL BUSINESS PROFESSIONAL/SMALL BUSINESS DIRECTOR REMARKS

d. SIGNATURE

e. DATE SIGNED (YYYYMMDD)

f. DATE ACQUISITION PACKAGE PROVIDED TO SBA (FAR 19.202-1(e)) (YYYYMMDD)

17. SBA PROCUREMENT CENTER REPRESENTATIVE REVIEW Concur Non-concur

a. NAME (Last, First, Middle Initial)

b. E-MAIL ADDRESS

c. SBA PROCUREMENT CENTER REPRESENTATIVE REMARKS

d. SIGNATURE

e. DATE SIGNED (YYYYMMDD)

18. CONTRACTING OFFICER REVIEW

a. CONTRACTING OFFICER REMARKS

 Concur with PCR recommendation Reject PCR recommendation

d. SIGNATURE

e. DATE SIGNED (YYYYMMDD)