

**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)									

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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	