

**Office of Small and Disadvantaged Business Utilization
DOE F 4220.2 - Small Business Review Form (03/14/2013)**

OSDBU Control Number: _____ Date Received: _____

A. Project Information

<p>1. Requisition Number: _____</p> <p>Acquisition Instrument Proposed/Contract Type: <input type="checkbox"/> Contract No (Mod): _____ <input type="checkbox"/> Departmental IDIQ No: _____ <input type="checkbox"/> GSA Schedule: _____ <input type="checkbox"/> GWAC Contract: _____ <input type="checkbox"/> DOE BPA: _____</p>	<p>2. Acquisition Office and Program Element:</p> <p>CO/CS Name: _____</p> <p>Contact Information (Telephone and E-mail): _____</p>
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3. Description of services or supplies: _____

4. Total Estimated Value (Including Options): \$ _____

5.a. Period of Performance (including Options) or Delivery Date: _____

5.b. Estimated RFP/RFQ Issuing Date: _____

B. Project Considerations

<p>6. NAICS Code(s): _____</p> <p>Description: _____</p> <p>Size Standard: _____</p>	<p>7. <input type="checkbox"/> New Requirement <input type="checkbox"/> Recompetition</p> <p>Acquisition History:</p> <p>Previous Contract Number: _____ Award Date: _____</p> <p>Ultimate Contract Value: _____</p> <p>Contractor Name: _____</p> <p>Business Size: _____</p> <p>Comments: _____</p>
<p>8. Bundling Determination:</p> <p><input type="checkbox"/> N/A: <i>Below established threshold: FAR 7.104(d)(2)</i></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the requirement bundled? If yes, attach supporting documentation</p>	

<p>9. Efforts made to locate sources within the last 12 months:</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Review of Prior or Similar Acquisitions</p> <p><input type="checkbox"/> <input type="checkbox"/> Sources Sought Notice (Copy Attached)</p> <p><input type="checkbox"/> <input type="checkbox"/> Market Survey (Copy Attached)</p> <p><input type="checkbox"/> <input type="checkbox"/> Consult DOE Small Business Specialist</p> <p><input type="checkbox"/> <input type="checkbox"/> System for Award Management (SAM)</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p>	<p>10. Proposed Acquisition Strategy/Plan</p> <p><input type="checkbox"/> Partial Set-Aside (include dollar value and Percentages):</p> <p><input type="checkbox"/> Small Business _____</p> <p><input type="checkbox"/> 8(a) Program _____</p> <p><input type="checkbox"/> HUBZone _____</p> <p><input type="checkbox"/> SDVOSB _____</p> <p><input type="checkbox"/> WOSB _____</p> <p><input type="checkbox"/> Sole/Limited Sources (attach justification) _____</p> <p><input type="checkbox"/> Directed by Statute (Provide Citation): _____</p> <p><input type="checkbox"/> No Reasonable expectation of obtaining 2 or more SB offers.</p> <p><input type="checkbox"/> Other (explain): _____</p>
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<p>11. Synopsis:</p> <p><input type="checkbox"/> Yes (FEDBIZOPPS)</p> <p><input type="checkbox"/> No. Per FAR 5.202 _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>12. Other Considerations that apply to the Solicitation:</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Subcontracting Plan (<i>if no, see instructions</i>)</p> <p>Other: _____</p>
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C. Project Review & Approval

<p>13. Cognizant Contracting Official:</p> <p>_____ Signature Date</p>	<p>14. Small Business Program Manager:</p> <p><input type="checkbox"/> Concur <input type="checkbox"/> Non-concurrence:</p> <p>_____ Signature Date</p>	<p>15. SBA Procurement Center Representative:</p> <p><input type="checkbox"/> Concur <input type="checkbox"/> Non-concurrence:</p> <p>_____ Signature Date</p>
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DOE F 4220.2 - SMALL BUSINESS REVIEW FORM - Comments

Small Business Program Manager Comments:

Name _____ Signature _____ Date _____

Phone _____ e-mail _____

SBA Procurement Center Representative Comments:

Name _____ Signature _____ Date _____

Phone _____ e-mail _____

OSDBU Review:

Concur Non-concurrence

Name _____ Signature _____ Date _____

Phone _____ e-mail _____

DOE F 4220.2- SMALL BUSINESS REVIEW FORM INSTRUCTIONS

GENERAL INSTRUCTIONS:

A DOE F 4220.2 is required for procurements (new procurements and contract modifications that increase scope) that are not totally set-aside for small business participation and have an estimated value exceeding the simplified acquisition threshold (see FAR 2.101). A DOE F 4220.2 is not required for Management & Operating contracts (including FFRDCs).

PROJECT INFORMATION (ITEMS 1 – 5)

1. Enter the requisition number. Indicate acquisition instrument/contract type by checking appropriate box:
 - Contract number for a Modification
 - DOE IDIQ number
 - GSA Schedule title/number
 - GWAC Contract title/number
 - DOE BPA title/number
2. Enter Contracting Officer/Specialist (CO/CS), Building, Room, Telephone, and e-mail.
3. Enter the supply/service description.
4. Enter the total estimated dollar value of the contract, including all options.
5. a. Enter the estimated period of performance, including any option periods, using (mm/dd/yy to mm/dd/yy) format.
 b. Enter estimated solicitation release/posting date.

PROJECT CONSIDERATIONS (ITEMS 6 – 12)

6. Enter appropriate North American Industrial Classification System (<http://www.census.gov/eos/www/naics/index.html>).
 Enter NAICS code(s) with description(s) and size standard(s).
7. Check box for “New Requirement” if this is a first time acquisition for products/services.

 Check box for “Recompetition” if this is a recompetition of a previous acquisition.

 Enter history. For Business Size, list Other than Small Business, SDB, 8(a), SB, WOSB, VOSB, SDVOSB or HUBZone as applicable when originally awarded. You may use the System for Acquisition Management (<http://www.sam.gov>).
8. Indicate response to Bundling/Consolidation. *[Note, FAR 7.104(d)(2) identifies threshold for applicability.]* If the total contract value is estimated below this threshold, check N/A. If this requirement is the result of consolidation or bundled requirements, the SBPM/SBS must concur.

9. Check the appropriate box(es) indicating all resources utilized to identify potential sources that support the acquisition method recommended in Item 10. Include/Attach supporting documentation for each effort. *[Note: SBPM/SBS will not accept market surveys conducted more than 12 months prior to date of this requirement.]*
10. CO/CS – Check the appropriate box(es) indicating the proposed acquisition strategy. If the procurement is sole source or limited sources, include a copy of the signed justification & other supporting documentation.
11. Check appropriate box and refer to FAR 5.202 to indicate the specific exemption.
12. CO/CS – Check yes or no where other considerations apply. See FAR 19.702(a) and (b) to determine if a Subcontracting Plan is required.

PROJECT REVIEW & APPROVAL (ITEMS 13 – 15)

13. The Contracting Official (CO) who has the authority to bind the government will make a determination, sign and date.
14. The DOE SBPM/SBS will sign, date and indicate concurrence or non-concurrence with the method of acquisition determined by the CO. If the DOE SBPM/SBS does not concur, another method will be recommended.
15. The SBA PCR shall sign and date this block to indicate concurrence or non-concurrence of the acquisition method determined by the CO. If the SBA PCR does not concur, the rationale will be documented on page 2 of this form and it will include a recommendation. If necessary, the SBA PCR will initiate an appeal process (SBA Standard Form-70) and forward supporting documentation to the CO.
16. The DOE OSDBU shall review, sign & date this block to indicate concurrence or non-concurrence of the acquisition strategy by the CO.

NOTE: In order for the DOE SBPM/SBS to conduct a comprehensive review of each acquisition, at a minimum, the documentation forwarded by the CO/CS should include:

1. Completed DOE Form 4220.2 signed by the Contracting Official
2. Completed Acquisition Plan (AP) or Request for Quote (RFQ) package. Package must include:
 - a. The statement of work, including evaluation criteria and the Government cost estimate.
 - b. Documentation which reflects market research conducted within the past 12 months.
3. A copy of the justification for other than small business consideration applicable to the subject acquisition plan.
4. A copy of the signed sole source/limited sources justification, Presolicitation/Notice of Intent, any responses, and the review documentation of the responses.