

**Office of Small and Disadvantaged Business Utilization
Small Business Review**

OSDBU Control Number: _____ Date Received: _____

A. Project Information

1. Requisition Number: _____

 Acquisition Instrument Proposed/Contract Type:
 Contract No (Mod): _____
 Departmental IDIQ No: _____
 GSA Schedule: _____
 GWAC Contract: _____
 DOE BPA: _____

2. Acquisition Office and Program Element:

 CO/CS Name:

 Contact Information (Telephone and E-mail):

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

6. NAICS Code(s): _____
 Description: _____
 Size Standard: _____

7. New Requirement Recompetition

Acquisition History:

Previous Contract Number: _____ Award Date: _____
 Ultimate Contract Value: _____
 Contractor Name: _____
 Business Size: _____
 Comments: _____

8. Bundling Determination:
 N/A: *Below established threshold: FAR 7.104(d)(2)*
 Yes No
 Is the requirement bundled?
 If yes, attach supporting documentation

9. Efforts made to locate sources within the last 12 months:

 YES NO
 Review of Prior or Similar Acquisitions
 Sources Sought Notice (**Copy Attached**)
 Market Survey (**Copy Attached**)
 Consult DOE Small Business Specialist
 System for Award Management (SAM)
 Other: _____

10. Proposed Acquisition Strategy/Plan
 Partial Set-Aside (include dollar value and Percentages):
 Small Business _____
 8(a) Program _____
 HUBZone _____
 SDVOSB _____
 WOSB _____
 Sole/Limited Sources (attach justification) _____
 Directed by Statute (Provide Citation): _____
 No Reasonable expectation of obtaining 2 or more SB offers.
 Other (explain): _____

11. Synopsis:

 Yes (FEDBIZOPPS)
 No. Per FAR 5.202 _____
 Other: _____

12. Other Considerations that apply to the Solicitation:
 Yes No
 Subcontracting Plan (*if no, see instructions*)

 Other: _____

C. Project Review & Approval

13. Cognizant Contracting Official:

 Signature Date

14. Small Business Program Manager:
 Concur Non-concurrence:

 Signature Date

15. SBA Procurement Center Representative:
 Concur Non-concurrence:

 Signature Date

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.