

U.S. Department of Energy
 Office of Small and Disadvantaged Business Utilization
SMALL BUSINESS REVIEW FORM

OSDBU Control Number:	Date a Completed 4220 Package is Received:
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A. Proposed Contact Information

1a. Acquisition Office and Program Element:	1b. Requisition Number:
1c. Contracting Officer or Contract Specialist Name:	1d. Contracting Officer or Contract Specialist Information (Telephone and Email):

B. Contract Information

2a. Description of Services and/or Supplies:	
2b. History: New <input type="checkbox"/> Recompete <input type="checkbox"/> (If a recompete, provide information on current award. Note if it is awarded to a SB).	
2c. Competitive <input type="checkbox"/> Non-competitive <input type="checkbox"/>	2d. Total Estimated Contract Value (including Options): \$
2e. Period of Performance (including Options) or Delivery Date:	2f. Anticipated Solicitation Issue Date:

3a. NAICS Code(s):	3b. NAICS Description:	3c. NAICS Size Standard: Employees _____ or Avg. Annual Receipts _____
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Proposed Small Business Participation/Consideration

4a. Small Business award:

<input type="checkbox"/> Small Business Set-Aside(FAR 19.5): <input type="checkbox"/> 100% <input type="checkbox"/> Partial: _____%	<input type="checkbox"/> 8(a)(FAR 19.8)
<input type="checkbox"/> Historically Underutilized Business Zone (HUBZone)(FAR 19.13)	<input type="checkbox"/> Women-Owned Small Business (WOSB)(FAR 19.15)
<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB)(FAR 19.14)	
<input type="checkbox"/> Economically Disadvantaged Women-Owned Small Business (EDWOSB)(FAR 19.15)	
<input type="checkbox"/> Other Set-Aside: cite authority e.g., (FAR 26.202-1, 6.208)	

4b. Reason for Unrestricted Acquisition

No reasonable expectation that offers will be obtained from at least two small business concerns.

No reasonable expectation that award will be made at a fair market price.

Sole Source/Proprietary item justified in accordance with FAR Part 6.3.

Is market research documentation provided? Yes No

5. Consolidation/Bundling Determination:

Is the requirement consolidated? Yes No Is the requirement bundled? Yes No

If yes, attach supporting documentation. OSDBU concurrence is required on justification memorandum.

N/A: Below Consolidation established threshold: (FAR 7.107-2)

6. Subcontract Plan Required: Yes No TBD

C. REVIEW & APPROVAL

7. Contracting Officer:

Name

Email

Phone Number

Signature/Date

8. Small Business Program Manager:

Concur Non-concur Comments? No Yes (If yes, add an attachment.)

Name

Email

Phone Number

Signature/Date

9. OSDBU Director (See instructions for signature threshold):

Concur Non-concur (If non-concurrence, provide written explanations) Comments? No Yes (If yes, add an attachment.)

Name

Email

Phone Number

Signature/Date

10. Small Business Administration (SBA) Procurement Center Representative (PCR):

Concur Non-concur (If non-concurrence, provide written explanations) Comments? No Yes (If yes, add an attachment.)

Name

Email

Phone Number

Signature/Date

11. Contracting Officer Decision after SBA PCR and OSDBU Director's Review:

Concur Non-concur

(If non-concurrence, provide written explanation to the SBA and OSDBU Director)

Section 15(k) of the Small Business Act (15 U.S.C. 644(k))

Signature/Date

DOE F 4220.2- SMALL BUSINESS REVIEW FORM INSTRUCTIONS

GENERAL INSTRUCTIONS:

A DOE F. 4220.2 Small Business Review Form is required as identified in the DOE Acquisition Guide Chapter 19.2 (See Section 2.5 for exceptions). The OSDBU review threshold is \$3M and above for awards not otherwise set-aside for small businesses. The review threshold for the SBA PCR is the same as OSDBU's unless a different threshold is established locally between DOE and cognizant PCR.

For fillable blocks that require additional space, enter "See attached" and attach a document with the necessary information.

A. PROPOSED CONTACT INFORMATION (Items 1a–1d)

- 1a. Enter Acquisition Office and Program Element name.
- 1b. Enter Requisition Number.
- 1c. Enter name of Contracting Officer or Contract Specialist (CO or CS) responsible for coordinating and completing this form.
- 1d. Enter telephone number and e-mail address of CO or CS.

B. PROPOSED CONTRACT INFORMATION (Items 2a–3c)

- 2a. Enter Description of Services and/or Supplies.
- 2b. History: Check "New" or "Recompete." If selecting "Recompete," provide information on the current award, including size of awardee.
- 2c. Check "Competitive" or "Non-competitive."
- 2d. Enter Total Estimated Contract Value (including options).
- 2e. Enter the Estimated Period of Performance (including options) or Delivery Date.
- 2f. Enter the Estimated Issue Date of the Solicitation.
- 3a. Enter North American Industry Classification System (NAICS) code (<https://www.census.gov/eos/www/naics/>)
- 3b. Enter NAICS code description.
- 3c. Enter NAICS code size standard. <https://www.sba.gov/federal-contracting/contracting-guide/size-standards>

PROPOSED SMALL BUSINESS PARTICIPATION/CONSIDERATION (Items 4a–6a)

- 4a. Check all that apply. Note: Above the simplified acquisition threshold, the contracting officer shall first consider an acquisition for the small business socioeconomic contracting programs before considering a small business set-aside (FAR 19.203(c)). Small business set-asides have priority over acquisitions using full and open competition (FAR 19.203(e)).
- 4b. Check the applicable box and indicate if market research is attached.

5. Select "N/A" if the effort is consolidated but below the consolidation threshold as referenced by the FAR citation. Select "Yes" or "No" as it applies. If "Yes," attach supporting documentation.

6a. Check "Yes," "No," or "TBD."

C. REVIEW & APPROVAL (Items 7–11)

7. Contracting Officer: Signature of CO who has the authority to bind the government and who is responsible for the acquisition.
8. Small Business Program Manager: The small business program manager (SBPM) will review, sign, date and indicate concurrence or non-concurrence with the method of acquisition determined by the CO. If the SBPM does not concur, another method will be recommended.
9. OSDBU Director: The OSDBU Director or designee has 10 business days, after receipt of a complete package from the CO, to review and sign the submitted 4220.2, or the OSDBU may request an extension. The OSDBU Director or designee will review, sign, date and indicate concurrence or non-concurrence with the method of acquisition determined by the CO and/or the SBPM. If the OSDBU Director or designee does not concur, another method will be recommended.
10. Small Business Administration (SBA) Procurement Center Representative (PCR): 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 and attached to this form and it will include a recommendation.
11. Contracting Officer Decision after SBA PCR Review: If the CO does not agree with the recommendations of the OSDBU Director or SBA PCR, the CO must provide rationale to the OSDBU Director and the SBA PCR within 5 working days, in accordance with FAR 19.506.

NOTE: For a complete package, at a minimum, the CO/CS shall forward all documentation listed below, as applicable, unless the DOE OSDBU waives the requirement. All OSDBU waivers will be in writing.

1. Completed DOE F 4220.2 Small Business Review Form, signed by the CO and SBPM.
2. Draft acquisition plan.
3. Draft solicitation.
4. Documentation reflecting market research conducted within the past 18 months (FAR 10.002(b)(1)).
5. Independent Government Cost Estimate.
6. A copy of the signed sole source/limited sources justification.
7. Presolicitation/Notice of Intent/Sources Sought, including any responses.