SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL
DD-A&T(AR)1862

1. CONTROL NO. *(Optional)*	2. PURCHASE REQUEST NO./ REQUISITION NO.	3. TOTAL ESTIMATED VALUE *(Including options)*	4. SOLICITATION NO./CONTRACT MODIFICATION NO.

5. BUYER

a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. TELEPHONE *(Include Area Code)*

6. ITEM DESCRIPTION *(Including quantity)*

6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE

7. TYPE OF COORDINATION *(X one)*

- [ ] INITIAL CONTACT
- [ ] MODIFICATION
- [ ] WITHDRAWAL

8. SMALL BUSINESS SIZE STANDARD

a. STANDARD INDUSTRY CODE (SIC)	b. NO. OF EMPLOYEES	c. DOLLARS

9. RECOMMENDATION *(X as applicable)*

(If all recommendations are "No," explain in Remarks.)

YES	NO	
		a. SECTION 8(a) *(X one)*
		(1) COMPETITIVE / (2) SOLE SOURCE
		b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
		c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE *(List percentage)* %
		d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)* %
		e. EMERGING SMALL BUSINESS SET-ASIDE
		f. EVALUATION PREFERENCE FOR SDBs
		g. SMALL BUSINESS - SMALL PURCHASE (SB-SP) SET-ASIDE

10. ACQUISITION HISTORY *(X one)*

- [ ] a. FIRST TIME BUY
- [ ] b. PREVIOUS ACQUISITION *(X all that apply)*
  - [ ] (1) SECTION 8(a)
  - [ ] (2) SDB SET-ASIDE
  - [ ] (3) HBCU/MI SET-ASIDE
  - [ ] (4) SB SET-ASIDE
  - [ ] (5) SB - SP SET-ASIDE
  - [ ] (6) OTHER *(Specify)*
  - [ ] (7) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
  - [ ] (8) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION

11. SB PROGRESS PAYMENTS *(X one)*

- [ ] YES
- [ ] NO

12. SUBCONTRACTING PLAN REQUIRED *(X one)*

- [ ] YES
- [ ] NO

13. SYNOPSIS REQUIRED *(X one)* *(If "No," cite FAR 5.202 exception)*

- [ ] YES
- [ ] NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*	
b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

16. LOCAL USE

17. CONTRACTING OFFICER *(X one)*

- [ ] CONCURS
- [ ] REJECTS

c. RECOMMENDATIONS *(Document rejections on reverse side)*

d. NAME *(Last, First, Middle Initial)*	
e. SIGNATURE	f. DATE SIGNED *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*

- [ ] CONCURS
- [ ] APPEALS

NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.

c. NAME *(Last, First, Middle Initial)*	
d. SIGNATURE	e. DATE SIGNED *(YYYYMMDD)*