

Acquisition Screening and Review Form
(\$10,000 or more)U.S. Department of Labor
Office of Small and Disadvantaged
Business Utilization

A. Originating Agency		
1. Name and Address of Purchasing Office	2. Telephone Number	3. Number and Date of Requisition
	5. SIC Code	6. Quantity
	7. FSC or SVC Code	8. Estimated Cost
4. Description of Product or Service	9. Recommended Method of Procurement (Select a method from block 12 below)	
	10. Proposed Period of Performance	
11. Signature of Small Business Specialist		Date 07/07/2003

B. Contracting Office			
12. <ul style="list-style-type: none"> <input type="checkbox"/> a. 8(a) Procedures <input type="checkbox"/> b. 100% Small Business/LSA Set-aside <input type="checkbox"/> c. 100% Small Business Set-aside <input type="checkbox"/> d. Partial SB/LSA Set-aside <input type="checkbox"/> e. Partial SB Set-aside <input type="checkbox"/> f. 100% LSA Set-aside Unrestricted <input type="checkbox"/> g. Unrestricted-Proprietary <input type="checkbox"/> h. Unrestricted-Insufficient SB <input type="checkbox"/> i. Other (Specific) Comments:	13. Procurement Control Number	14. Proposed Procurement <input type="checkbox"/> Competitive <input type="checkbox"/> Other	
	15. Solicitation Date and Number		
		16. Estimated Date of Release	17. Estimated Date of Response Opening
		18. Proposed Synopsis <input type="checkbox"/> Yes <input type="checkbox"/> No Per FAR 19.202 <input type="checkbox"/> CBD <input type="checkbox"/> Bulletin Board <input type="checkbox"/> Other	19. Proposed Issuing Solicitations to: No. Small Business Woman-Owned Business Labor Surplus Area Business Minority Business Enterprise

Procurement History		
20. Has Exact Item/Service Been Previously Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Date of Award	22. Contract Number
23. Name and Address of Contractor <input type="checkbox"/> 8(a) <input type="checkbox"/> SB <input type="checkbox"/> LSA <input type="checkbox"/> WOB <input type="checkbox"/> MBE <input type="checkbox"/> LB	24. Total Cost	25. Method of Procurement
	26. Responses Received Large Business Labor Surplus Area Business Small Business Woman Owned Business Minority Business Enterprise	
27. Signature of Contracting Officer	Date	

C. OSDBU/Small Business Administration Procurement Center Representative	
28.	
<input type="checkbox"/> I Concur With the Recommendations <input type="checkbox"/> Please solicit additional sources (See attached list) <input type="checkbox"/> I do not concur with the recommendations and request suspension of the procurement action pending an appeal under FAR 19.505. SBA Form 70 is attached.	

29. Signature of OSDBU/SBA Procurement Center Representative Date

DL 1-2004
August 1987