

U. S. DEPARTMENT OF LABOR
GENERAL INFORMATION FOR
THE PROCUREMENT REVIEW



Date Received _____

Review No. _____

INITIATING OFFICE:

Name - Responsible Program Official

Phone No. _____

PROCUREMENT OFFICE:

Name - Contracting Officer

Phone No. _____

1. Title and purpose of proposed procurement, including end products desired. Be specific. Use additional sheets if necessary.

NOTE: If the proposed procurement is for Contracted Advisory Services, complete DL1-490A, Contracted Advisory Services Contract Information Sheet.

2. Contract Information:

Estimated Costs:

Proposed Period of Performance:

From:

To:

3. Type of Agreement Contemplated:

☐

Cost-Reimbursement Contract

☐

Fixed Price Contract

☐

Cost +Fixed Fee Contract

☐

Grant

☐

Other Agreement

☐

Cooperative Agreement

4. Proposed Contractor:

☐

Nonprofit

☐

Profit

Name

Address

5. Other current contracts or grants with DOL:

☐

None

If other contracts, grants, or agreements exist, furnish the following information, using additional sheets as necessary:

Title of Project:

Contract /grant/agreement number:

☐

Sole Source

☐

Competitive

Period of Performance:

Amount:

6. Have alternative sources or approaches been reviewed such as utilization of current staff, conducting market research (FAR) 10.002 or publishing a sources sought notice in the CBD.

Explain: